National Conference on Social Welfare

100 YEARS
OF SERVICE
1873-1973

THE SOCIAL WELFARE FORUM, 1973

Mary R. Ripley

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SOCIAL WELFARE
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OFFICIAL PROCEEDINGS, 100TH ANNUAL FORUM

NATIONAL CONFERENCE ON SOCIAL WELFARE

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The drawings on the covers and title page show
the National Conference on Social Welfare
Centennial medal, struck by the Franklin
Mint as a Special Commemorative Issue.

Foreword

THE 1973 ANNUAL FORUM represented the culmination of a century of concern, involvement, and achievement by a wide range of lay people and professionals in the human services arena. Accordingly, in this Centennial edition of the Official Proceedings the Editorial Committee has attempted to convey to the reader something of the participatory flavor of the entire program —to report specific content relevant to contemporary issues and to recognize those individuals who in the past 100 years have guided the Conference and the nation in efforts to alleviate human suffering and injustice.

The theme, "100 Years of Concern—a Mandate to Shape the Future," was reflected throughout the program not only in the General Sessions, but in the Division and Section programs and the various workshops and meetings planned by Associate Groups. From the 145 advance copies of papers submitted for Editorial Committee review, 20 were selected to achieve this purpose.

In two instances—the Sunday "Docu-Drama" Opening Session and the Monday Division sessions, both considered too significant to be omitted—the Committee agreed that the true flavor of these events could best be achieved by summary papers.

Mary Ripley, President, and Margaret Berry, Executive Director, were asked to draw together a composite view of the star-studded, thrilling Sunday evening kickoff Docu-Drama.

The innovative Monday Division program "Spotlight on the Future," featuring several prominent speakers followed by audience response through table discussion, and concluding with summaries at the evening session, was planned by the NCSW Division Committee under the chairmanship of Dr. Eva Schindler-Rainman who has graciously agreed to prepare a summary report of the day's activities.

The Committee felt that while the delivery of human services

in this country may appear to have reached a plateau, or a down-swing in the light of national priorities (as perceived by many individuals), there was a reaffirmation of the responsibility for more effective involvement at all levels on the part of Forum participants. This does not mean that there was total consensus, as was demonstrated by special-interest groups who vigorously injected their philosophy into the various proceedings.

An interesting sidelight as to the role of women in the social welfare field, traditionally seen as "female-dominated," is the fact that male presidents of NCSW far outnumber females as one reviews the photographs of the past 100 years included herein.

The Editorial Committee, authorized by the National Board of the Conference to select papers for publication within a budget limitation established by the Board, regrets that many of the excellent manuscripts submitted could not be included. We have attempted through the general trend of our selections to emphasize the policy issues reflected in the Annual Forum as well as subjects of current concern in social work practice.

The Chairman wishes to express his sincere appreciation to the members of the Editorial Committee whose diligence, patience, and fortitude were outstanding! The tedious but never boring tasks of reading, evaluating, and discussing the total format and content of this volume represent the culmination of efforts by the Committee which included: Magdalena Miranda, Carl Schoenberg, Sue Spencer, and Marion Robinson. Regretfully, Adele Braude was unable to participate because of illness. In addition, the Committee would have been severely handicapped had we not received unlimited support and consultation from Margaret Berry, Sara Lee Berkman, and Mabel Davis of the NCSW staff, and the invaluable expertise of John Moore of Columbia University Press.

HAROLD R. WHITE
Chairman, Editorial Committee

NATIONAL CONFERENCE ON SOCIAL WELFARE
DISTINGUISHED SERVICE AWARDS 1955–1973

1955   EDITH M. BAKER, Washington, D.C.
      FEDELE F. FAURI, Ann Arbor, Mich.
      ELIZABETH WICKENDEN, New York

1956   TIAC (Temporary Inter-Association Council) PLANNING COMMITTEE, New York

1957   THE REVEREND MARTIN LUTHER KING, JR., Montgomery, Ala.
      WILBUR J. COHEN, Ann Arbor, Mich.

1958   THE HONORABLE JOHN E. FOGARTY, Rhode Island
      LEONARD W. MAYO, New York

1959   ELISABETH SHIRLEY ENOCHS, Washington, D.C.
      OLLIE A. RANDALL, New York

1960   LOULA DUNN, Chicago
      RALPH BLANCHARD, New York
      HELEN HALL, New York

1961   THE HONORABLE AIME J. FORAND, Rhode Island

1962   THE ATLANTA *Constitution*, Ralph McGill and Jack Nelson, Atlanta, Ga.
      JOSEPH P. ANDERSON, New York
      CHARLOTTE TOWLE, Chicago

1963   HARRIETT M. BARTLETT, Cambridge, Mass.
      ERNEST JOHN BOHN, Cleveland
      FLORENCE G. HELLER, Glencoe, Ill.
      Special Award: Television Documentary, "The Battle of Newburgh," IRVING GITLIN and the NATIONAL BROADCASTING COMPANY, New York
      Special Citation (Posthumous): ANNA ELEANOR ROOSEVELT, "First Lady of the World"

1964   DR. ROBERT M. FELIX, Bethesda, Md.
      Special Citation (Posthumous): JOHN FITZGERALD KENNEDY, "Man of Destiny"

1965   JAMES V. BENNETT, Washington, D.C.
      SIDNEY HOLLANDER, Baltimore, Md.
      CORA KASIUS, New York

1966   REPRESENTATIVE WILBUR D. MILLS, Ark.

1967   THE HONORABLE HUBERT H. HUMPHREY, Washington, D.C.
      PLANNED PARENTHOOD—WORLD POPULATION
      Special Awards (Posthumous):
      RUTH M. WILLIAMS, New York
      HOWARD F. GUSTAFSON, Indianapolis

1968   LOMA MOYER ALLEN, Rochester, N.Y.
      KENNETH BANCROFT CLARK, New York

1969   THE HONORABLE ELMER L. ANDERSEN, St. Paul, Minn.
      HARRY L. LURIE, New York
      IDA C. MERRIAM, Washington, D.C.

1970   No awards

1971   SAM S. GRAIS, St. Paul, Minn.
      DOROTHY I. HEIGHT, New York

1972   WHITNEY M. YOUNG, JR. (*Posthumous*)
1973   WINSLOW CARLTON, New York
       THE HONORABLE JAMES CHARLES EVERS, Fayette, Miss.
       JOE R. HOFFER, Columbus, Ohio
       NATIONAL COUNCIL OF JEWISH WOMEN, New York

Contents

THE SOCIAL WELFARE FORUM, *1973*

The Future of Social Welfare

I. CHALLENGE

EVELINE M. BURNS

Today symbolizes the end of one epoch and the beginning of another. We, the outgoing generation, are handing responsibility over to you. We are presenting you with a society that is rife with unsolved social problems. It is characterized by increasingly aware and vocal minorities, both ethnic and sexual, for whom the ideal of equality of opportunity and full participation in the rich potential of life in twentieth-century America is still an unrealized dream.

It is a society characterized by ever increasing affluence in which millions have failed to share. Not merely are too many millions still in poverty but the persistent inequality of incomes fosters divisiveness and distorts the political process by giving excessive power to those at the top of the income brackets.

It is a society characterized by a widespread breakdown of traditional morality, as evidenced by drug addiction, crime, delinquency, and violence, and a growing lawlessness that, as we are seeing today, is evident at all levels of society—even the highest—and by a disturbing extent of family breakdown.

It is a society characterized by urban blight and ghettoism.

It is a society that prates hypocritically about its concern for children and yet all its social policies treat children more shabbily than any other age group.

More recently, and specifically in relation to national social welfare policies, it is a society that seems to be turning its back on the needs of the poor and the disadvantaged of all races and

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sexes, and certainly gives social reform a lower priority than armaments and preparation for war.

Given this inheritance you may well ask us: What have you people been doing all this time? I think the past generations can boast of some achievements, although not all the credit for such advances in social welfare as have occurred can be claimed by the social welfare fraternity. It is not easy today to realize the extent of abject poverty and economic insecurity, sweated labor, child labor, deplorable housing, lack of occupational safety or of compensation for work-connected injuries that characterized the end of the nineteenth century. We are apt to forget that at the beginning of the life of the National Conference on Social Welfare governmental social welfare programs scarcely existed. State welfare departments, and they were few, were concerned mainly with corrections and the operation of a relatively small number of charitable institutions. Indeed, it was not until after 1935 that the great public social welfare agencies that we now take for granted were brought into being in all states. The long fight for the legitimacy of federal action in the field of social welfare has been won. Today we take for granted the existence of minimum wage legislation (though we may question its adequacy), and child labor is largely eliminated. Since 1935, almost the entire population has been assured income as a right, free of income tests, in the event of unemployment, retirement, death of a breadwinner, or total disability, and since 1965 the nation has begun to provide social insurance protection against the costs of medical care. These achievements took years of struggle to overcome public indifference and constitutional challenge, a risk which today few people think about. To those who have lived through years of fighting for these social gains, it is significant of the change of climate that it is now quite respectable to talk about the possibility of assuring a guaranteed income to everyone. Not so very long ago this would have been regarded as ivory tower thinking of the most irresponsible kind. Yet today even hardheaded economists spend time working on ways of implementing such a guarantee.

Thus in some respects the potential for effective grappling

with our social problems will be greater in the future than it was in our time. Some battles have been won. America's ever increasing national output affords more financial leeway. In addition, the remarkable developments in statistical and social survey methodology have provided you with many more tools than we had. It is now possible to measure the extent of unemployment or poverty or changes in price levels or changes in gross national product or income distribution and to learn much more about the characteristics of different population groups. On the one hand you will have fewer alibis than we had, for we could often claim we did not know how bad the situation was. On the other hand, you have new instruments. Consider, for example, the use now made of the cost of living index to adjust benefits to rising prices.

I do not deny that our record has been marked by some serious shortcomings, which it is hoped you will remedy. First, is that for so long we neglected the festering sore of the social and economic status of minorities. Even after the publication in 1944 of Gunnar Myrdal's epoch-making *An American Dilemma,* our conferences did not devote major attention to this outstanding problem. Only recently have we changed our emphasis. Even now too many of our actions seem to reflect a sense of guilt, which as all social workers know is a dangerous stimulus to action.

Second, we have suffered from an acute form of professional myopia. Too many of our policies and proposed programs have been based on the assumption that the problems of social welfare could be solved by more and more of the programs that involve the kinds of services social workers, professional and nonprofessional, are equipped to provide. Yet many of our most acute social problems can be tackled only by measures that lie outside the traditional social welfare spectrum. New policies in the areas of health services, employment, housing, education, and antidiscrimination may do more for social welfare than even a vast extension of our traditional social welfare programs.

In the future, the National Conference must adopt a broader concept of the scope of social welfare. No one would deny that a

major contribution to social welfare was made by the enactment of social insurance in 1935. Yet, we have to admit that it was not primarily social workers, valiantly as they exposed the human costs of unemployment in the early 1930s, but economists and lawyers who formulated these measures, campaigned for them, and carried them into effect. It was the lawyers who gave the first invigorating push for racial equality in obtaining the 1954 Supreme Court education decision. Even the rediscovery of poverty and the development of the Office of Economic Opportunity and other poverty-combating programs did not stem from the social work fraternity.

Much of our energy in recent years has been devoted to so-called "welfare reform." Yet, instead of tinkering with an institution that is inherently incapable of reform (in the sense that *any* modification of it could meet the criticisms both of those who speak for the interests of the recipients and those who are concerned about rising costs and effects upon work incentives) should we not have concentrated our efforts on ways of keeping as many people as possible from dependence on such a system? Such measures as public employment programs, minimum wages for adults at a level sufficient to support a man and wife and two children, children's allowances to deal with the problem of the larger family, universally available family-planning services, and freer abortion are all parts of a comprehensive social welfare strategy.

Third, we have placed too little emphasis on prevention. With so many acute problems on all sides it was probably inevitable that there should have been a concentration on ameliorative or remedial measures. In the future social welfare must pay more attention to preventing the ills with which we now grapple, especially in the areas of poverty, drug abuse, lawlessness, and family breakdown.

Fourth, we have been negligent in regard to accountability to both those who foot the bill and those whom we claim to serve. It is shameful that at the present time when a hostile Administration makes sweeping charges to the effect that many of our welfare programs are failures and that social services and those who render them involve a waste of public money, there is no

authoritative voice or voices from the social welfare community to refute these charges with hard data. The greater accountability to which social welfare will be held in the future will call not merely for technical expertise but also for abandonment of the defensiveness that too often in the past has characterized our response to criticisms of welfare programs and those who operate them.

Fifth, we have certainly not been very successful in changing public attitudes toward the less fortunate or disadvantaged members of society. In many quarters the attitude toward the poor differs little from that prevailing in the nineteenth century: people are poor due to their own fault; they are lazy, improvident, and sexually irresponsible even if not actually cheating. Nor have we enlightened the public about the role, indeed even the nature, of "social services" and what they can, and cannot, be expected to achieve. We are now reaping the fruits of the exaggerated claims we made for the social services especially in the 1960s when Congress took us at our word.

Much of the social progress we may have made during the last forty years has been achieved through a too easy reliance on the federal government either as operator of programs or as the offerer of bait to the states through grants in aid which in many cases were accepted not because there was stong local support for the aided programs, but because of a reluctance to forego federal money. Some of us, pointing to the dangers of such heavy reliance on federal action, have asked what would happen if the time came when the federal government was less liberal than the states. Well, now we know! In the future more strenuous efforts must be made to develop understanding of, support for, and conviction about, welfare programs among state and local legislators, administrators, and members of local communities.

Finally, we have not as yet succeeded in coming to grips with some basic policy issues, some of which involve questions of values and lack of clarity about which impedes our effective functioning. Among those questions are:

What kinds of behavior, if any, is society entitled to require of those who receive social benefits?

What are the rights of majorities vis-à-vis minorities?

Is it work that we value, or just paid work?

Since social welfare programs in the broadest sense have to compete with other objects of expenditure, including the spending by income receivers on goods and services of their own choice, what are our priorities?

Where do we stand in regard to the claims of the young versus the old? Or, the working population versus those who are unable to work? Universal health insurance versus expanded social services or housing programs?

What is our position in regard to the provision of welfare services and programs on a universal versus a selective basis? And, if selectivity is inevitable, on what principles is the selection of beneficiaries to be based?

To what extent should we aim at great equality of incomes?

What methods of social action are legitimate?

In connection with this last point, we in the past have held fast to one value, namely the importance of acting in a manner consistent with the maintenance of our democratic form of government. We have not used force or been revolutionaries if only because we have been unable to conceive of an alternative form of government and structure of society that would be obviously preferable to what we now have. It has meant acceptance of incremental change and we have perhaps been unduly complacent about the rate of change which must have seemed desperately imperceptible to those who would most benefit from change. If you too opt for operation within the limitations of democratic procedures, we hope you will be more successful than we have been in speeding up the rate of change while not allowing yourselves, however, to be discouraged if Utopia is not immediately attainable. We hope you will resist the temptation to feel that if fundamental change is not to be expected there is no point in trying for lesser social welfare objectives.

The important thing is to know where you want to go and why. Clarity about ultimate objectives provides guidelines when making compromises that are inevitable in the democratic process. It puts one in a position, should the opportunity arise for a major step forward, to offer concrete proposals.

When decisions are made by majority rule in which millions participate, it is tempting to opt out on the grounds that "what I do as an individual can make little difference." The feeling of the futility of individual effort is perhaps one of the greatest dangers to which we are prone, for the social welfare community seems to play down the achievements of individuals, thanks in part to its neglect of its own history. Yet a knowledge of history can be very encouraging and very heartening. It enables us to face the discouragements of periods when, as now, there seems to be retrogression, for one learns that these reverses are never complete and seldom last for long. And, we can take courage from reading the lives of some of our past leaders who never gave up however hopeless the situation seemed to be. Individuals do count.

Finally, since this is a celebration of the 100th anniversary of the National Conference on Social Welfare, we wonder what role you will assign to the Conference of the future? Growing out of a scientifically oriented social science association NCSW was originally a conference of agencies, as its name implied, and its concerns were the problems with which these agencies dealt. From 1917 to 1956, as the National Conference of Social Work, it came to be increasingly dominated by professional social workers and by the executives and administrators of the ever expanding number of welfare agencies. More and more it was preoccupied with problems of social work methods and the narrower concerns of professional social work, and the time devoted to voluntary welfare was altogether out of proportion to its importance. But interest in the wider field of social welfare, in public welfare, and in social action was growing and in 1956 the Conference became the National Conference on Social Welfare.

As yet the full implications of the change of name have not been realized. We have not yet taken advantage of the formation of the National Association of Social Workers and the Council on Social Work Educators or the existence of the American Public Welfare Association, which means it is no longer necessary to devote valuable conference time to professional methodology and professional education or the technical problems of adminis-

tering public programs. Nor has the active membership yet reflected the fact that many professionals other than social workers are involved with the broadened scope of social welfare—economists, lawyers, sociologists, health and medical personnel, political scientists. How can we more closely involve them and concerned laymen in our deliberations and in the formulation of policies and programs? Can the Conference be restructured so as to make it the national spokesman for social welfare, identifying social needs, evaluating current policies and programs, and formulating proposals for more effective measures?

Each generation is constrained by what has happened in the past and by prevailing social attitudes and values. But it is liberated by the strength of its own convictions and ideals, by the skills and knowledge it can muster in identifying and analyzing problems and devising appropriate solutions, and by its courage and determination and willingness to devote time and energy to working for the causes in which it believes. May these qualities help you to better our record.

II. RESPONSE

FAITH HENDERSON DIAZ

Tʜᴇ ᴄᴏᴍᴍᴇɴᴄᴇᴍᴇɴᴛ of the next 100 years of the National Conference on Social Welfare does indeed find our country in the midst of serious and disturbing social problems. As was so eloquently pointed out, the past history of the Conference has been impressive and most significant in shaping the present social welfare scene. Before moving to the future, it would be well to pause briefly in order to assess the present. It is anticipated that this critical analysis will serve to strengthen our commitment to the resolution of social problems, and will lead to productive growth and development.

There is no need to reiterate the numerous, complex social

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problems which plague our nation today. The challenges facing us are massive, difficult, and at times somewhat overwhelming. As our national leaders continue to defend the right and the need to engage our country in an illegal and immoral war in Indochina in the name of national defense, and while the President and his aides, in the name of national security, defend the right and need to maintain secrecy regarding electronic bugging, sabotage, and other illegal and immoral acts in connection with the Watergate affair, the concerns and priorities of this Administration, and of this nation, become clearly and painfully evident.

Humanitarian concerns appear to be one of the lowest priorities in this country. The concern for social welfare and human services programs seems to be focused upon the elimination of as many programs as possible. The recently announced cutbacks in federal funds attest to this fact. The present status of the social welfare field in this country seems to be one of the most important issues which challenges the profession of social work. The challenge is essentially one of basic survival, for it will be impossible to provide comprehensive social services without viable, effective social agencies, many of which depend upon federal, state, and local government funding to survive. The cutbacks in federal funds for social services and the revenue-sharing plans are the most immediate and pressing problems facing us today.

After the cutbacks were announced, the Coalition for Human Priorities was organized in the Philadelphia area in order to arouse public support of social welfare programs and to protest the federal cutbacks. A Philadelphia newspaper published an article which blasted the Coalition and branded it as a group which was more concerned with "saving jobs for social workers" than with preserving, maintaining, and delivering social services to the community. In a paranoid reaction to this unwarranted and unfounded accusation, some social workers allowed themselves to be intimidated by the attack and retreated from making active, overt efforts to engender community concern and support.

This kind of response, it seems to me, indicates a real lack of commitment to the clients of social services, to social service

agencies, and to the social work profession and those dedicated
to providing human services. We do a disservice to our clients
and to ourselves if we allow our faith and commitment to waver
in the face of unfair criticism. This is a time when we need to
show the community the positive results of our efforts so that it
too will appreciate the value of our programs and services, and
thus will be created greater understanding of, and respect for,
the accomplishments of the profession.

As a profession, social work has historically tended to function
as a reactive force, responding after the fact to societal problems.
This has tended to lock the profession into a relatively passive,
defensive position which has been frequently criticized and deni-
grated by professions which more actively pursue their goals and
objectives—and much of the criticism has been well-deserved.
The present response to our critics, however, seems to be posi-
tive rather than defensive. They have forced us to stir ourselves
out of our apathy and to become a more forceful, aggressive seg-
ment of society. The profession is now being called upon both
by clients and by the federal, state, and local governments which
provide funding for many social welfare programs to present
more accurate and more significant accountability of services
and finances. This demand for greater accountability was threat-
ening to many initially. That reaction, however, has been fol-
lowed by voices of agreement from within our ranks. It is excit-
ing to know that individuals and agencies are aggressively
meeting the challenges of greater accountability, because in
doing so, we are providing greater accountability to ourselves.
There seems to be a growing awareness of the need for account-
ability, and a movement toward assuming more responsibility as
social workers to face the challenges and criticisms directed to
the profession. Acknowledgment and acceptance of our short-
comings and imperfections, and recognition that perfection is
undesirable, unnecessary, and impossible, are important signs
of growth and maturity. Only by knowing the strengths, weak-
nesses, and limitations of ourselves as individuals, of our agen-
cies, and of our profession, can we function as a viable, produc-
tive, effective professional body.

The myriad criticisms which have been directed to social

welfare programs and to the social work profession are no longer blindly accepted, apologized for, internalized, and digested. Rather, they are being examined, questioned, and analyzed in a positive and constructive manner by those individuals and agencies willing to risk such examination and evaluation. Those of us who are committed to humanitarian and social welfare problems appreciate the tremendous need for human services programs and must take the initiative to defend and preserve them. Justification to the broader community for the existence of social welfare programs is our responsibility. We must utilize our technical and human evaluation resources in order to keep abreast of the efficiency and productivity of all our functioning agencies. Honest, critical, internal, and external evaluation of meaningful social welfare programs and policies, and active, aggressive movement from within the profession, is necessary for the preservation of existing programs and the planning of future programs. There is a delicate balance between playing a numbers game in the name of accountability and providing quality, comprehensive social and human services. It is indeed difficult to find and maintain such a balance; however, it must be and can be done.

In attempting to change attitudes and practices of the larger society toward the poor, the disadvantaged, the minority ethnic, racial, and sexual groups, an examination of the practices and policies of social agencies, schools of social work, and individuals employed in the field is needed. The practices and policies of most human services agencies, of most schools of social work, of most social work professional organizations, and of most individuals in the field appear to be accurate microcosms of the larger society which many of us are attempting to influence and change. The issues deal with problems of institutional subordination; overt and covert racial and sexual discrimination, especially in personnel practices; negative and hostile attitudes toward the poor, the physically handicapped, the socially disadvantaged, the retarded and emotionally disturbed, the delinquent and criminal element of society, the alcoholic, and the drug dependent.

It is not pleasant to report that today, here and now, social

workers still interact with clients in a condescending patroniz-
ing, dehumanizing manner. Social planners are still planning
programs *for* people rather than *with* people. Insensitivity, eli-
tism, and racism still pervade too many of our social agencies,
schools of social work, and professional organizations. Individu-
als who are recipients of social and human services programs are
still too frequently viewed as numbers, as diagnostic classifica-
tions, and as nuisances rather than as human beings in need of
help.

Another unpleasant fact which I cannot overlook is that there
seems to be a common notion that social services are functioning
to meet the needs of only the poor, the minorities, the power-
less. If a social agency is functioning in that manner, it might be
well to examine and reevaluate the goals, needs, and purposes of
that agency. Middle and upper-class individuals and families
who need help are frequently discouraged from approaching
many social agencies which they feel have been stigmatized be-
cause they serve primarily the poor, the disadvantaged, the
black, and/or the handicapped. It is strongly suggested that so-
cial agencies and programs which indulge in such practices are
guilty of promoting and perpetuating behavior which is com-
pletely alien to the concepts of equality, justice, freedom, and
dignity for all, which those of us involved in human services es-
pouse belief in and commitment to. It is further suggested that
before we can hope to influence others, it is essential to begin
within our profession, within our agencies, and, indeed, within
ourselves as individuals, to change the damaging, destructive at-
titudes, practices, and policies which only serve to defeat the
goals and aspirations which we all presumably share.

Discriminatory hiring and promotion practices have been re-
ported in virtually all professions, and are found in public, pri-
vate, and voluntary social agencies.[1] It is interesting to note that
although social work is a female-dominated profession, there are
relatively few women or blacks in top- and middle-level adminis-
trative positions. The findings of a study recently conducted in

[1] J. Kreps, *Sex in the Marketplace; American Women at Work* (Baltimore and
London, Johns Hopkins Press, 1971), p. 92.

the Philadelphia area support the hypothesis that sex and racial discrimination in personnel practices regarding middle- and top-level administrative positions in the profession does in fact exist. Much of the discrimination appears to be subtle and covert, suggesting that negative attitudes toward women and minorities might be primarily on an unconscious level. An examination of agency hiring and promotion practices related to policy-making positions is strongly urged in the hope that an increased awareness will help to eliminate unintentional institutional racist and sexist policies and practices.

According to C. B. Scotch, a concerted effort has been made to recruit men in order to increase the profession's status, prestige, and salaries.[2] The negative aspect of this effort is that the administrative talents of many women are not being utilized. On the positive side, attempts to defeminize the profession have contributed to the development and acceptance of community organization as a legitimate, necessary area of specialization in the field of social work. The profession is focusing more on social planning and community development, which requires analytical and organizational skills radically different from the traditional casework concepts and approach to social work.

The Council on Social Work Education has recommended that schools of social work offer courses in economics, political science, law, public health, and social policy in addition to psychology and sociology. Consequently, social work education is now much more comprehensive, much more relevant, and much more realistic in dealing with the many complex social issues and social problems of this country. It is exciting to witness the movement out of the narrow confines of traditional social casework into the broader spectrum of planning, development, and policy-making. Social workers are not only helping individuals and families adjust to their environments, but are also actively involved in changing the environment and living conditions which so frequently cause and perpetuate social problems.

The social work profession is today in a unique position

[2] C. B. Scotch, "Sex Status in Social Work; Grist for Women's Liberation," *Social Work*, XVI, No. 3 (1971), 27.

which, if recognized and utilized, has the potential for making a substantial impact upon the reduction and eradication of many social problems. Not only is the opportunity present, but the responsibility to ourselves and to the community is clearly evident. In order to provide effective comprehensive social services, and in order to promote significant social changes, we must continually evaluate and examine our goals, purposes, policies, practices, programs, and results. We must clearly focus on our objectives and must actively move to realize these goals. Whenever a special problem requires a solution, frequently the proposed solutions are those which are expected to be accepted and implemented with the least amount of resistance. Consequently, solutions requiring changes in the attitudes and values that influence human behavior and social practices occur gradually and slowly, if at all. That which is new, unusual, or unknown to us is so often feared and avoided that as a society we seem to be losing the ability to risk or to trust the unknown and strange. Social work should be less vulnerable than other professions and should assume active leadership, as an advocate for human justice in effecting and insuring meaningful social changes. We have the opportunity and the responsibility to be in the forefront in meeting the challenges of racism, sexism, social equality, and justice for all Americans, by constructively mobilizing and channeling the complex and potent forces necessary to insure a better society for all. By starting within ourselves, and in our agencies, to eradicate all vestiges of injustice, we can set an example for all others to learn from.

The National Federation of Student Social Workers and those of us who are relatively new to the profession proudly accept the challenges, the opportunities, and the responsibilities which you offer us. It is with a great deal of pride, honor, and humility that we join your ranks. We hope to bring a fresh sense of dedication, commitment, energy, and vitality into the profession and we hope to combine it with the traditions, stability, vision, and perseverance with which you, our predecessors, have so dutifully laid the foundation for us to build upon. For the sense of anticipation and urgency which we bring, we ask your patience, guid-

ance, and understanding. For the sense of commitment and responsibility which we bring, we need your confidence, your experience, and your expertise. Your past record is impressive. As we join you today, we will use it as a cherished guide, but not as a restraint, as we move together into the future.

"100 Years of Concern"

MARGARET E. BERRY and
MARY R. RIPLEY

THE DOCUMENTARY DRAMA which opened the Centennial Forum was itself a labor of love. The National Conference had no financial resources at its command, but it was the symbol of a century of concern, and enlisted help from many places.

THE CAST

Producer-director Himan Brown was the key to the whole effort, bringing not only his special talents but also sensitivity gleaned from a lifetime of voluntary help in interpreting social welfare. Jerome Coopersmith, the scriptwriter, shares the goals of concerned citizens, and treasures the fact that Eleanor Roosevelt was a judge when he won the Robert Sherwood Award for one of his Armstrong Circle Theatre plays. Burt Lancaster, who was once a member of Union Settlement in New York, interrupted his movie schedule and flew all night in order to be a narrator. Celeste Holm, active in UNICEF and a board member of Lincoln Square Neighborhood Center, came directly from doing a benefit in Los Angeles. Ruby Dee, generous with her time for other causes, gave up *her* holiday time. This was the first public performance for thirty-five children in the newly-formed junior section of the Dance Theatre of Harlem, who created the ballet numbers to carry out the spirit of the script, and who danced with great beauty and discipline. Sheldon Markham, who composed and contributed the use of the final song, volunteered to be at the piano for the entire production. He also recruited a neighbor, charming Kate Cherin as the singer. Scriptwriter Coopersmith ran the slide projector "because he knew all the

cues," and Barry Kaline, a volunteer at Henry Street Playhouse, acted as assistant stage manager.

This generous spirit was contagious as the cast assembled on Sunday afternoon for its first and only rehearsal. Outside, cold rain fell and the surf pounded in; inside, all was warm and radiant.

THE THEME

The story was carried out through narration, dialogue, pictures, song and dance.

The tribute begins on a strong note.

We see a beautiful birthday cake, and hear a happy birthday greeting from Celeste Holm. But immediately, as she adds "A happy birthday to you for your century of concern for the poor, the sick, the oppressed," the pictures of these unhappy people appear on the screen. As we think of those in slums and on reservations, we reach the final greeting as she concludes: "And to you *this* gift from the highest office of our land . . . "

We then hear the voice of Burt Lancaster, quoting from the President's radio address of February 24, 1973: "Those who make a profession out of poverty got fat. . . . The taxpayers got stuck with the bill—the disadvantaged themselves got little but broken promises."

And we hear the irony as Celeste Holm responds: "A happy birthday to all those fat exploiters of the poor—Jane Addams, Lillian Wald, Florence Kelley, Jacob Riis, Eleanor Roosevelt, Martin Luther King. . . . and to all others heavily endowed with human kindness . . . we dedicate this birthday."

The century of concern is reviewed. The Conference of Charities and Correction begins in 1873, when poverty is considered a punishment of God, evidence of a weak moral character, or the result of drinking, and when the idea of supporting the poor in their own homes is called "less defensible than communism." Thousands of homeless children roam the streets of cities, from which they may be shipped to farms, or placed in poorhouses, with the old, the sick, and the insane.

But always there is a search for solutions. There comes the

idea that poverty may be a fault of the environment and the symptom of a sick society. The radical idea of the settlement movement appears, which requires that the helper move in among the poor. We hear a famous settlement volunteer, Eleanor Roosevelt, represented by Ruby Dee, teaching calisthenics at a Lower East Side settlement house, enlisting her cousin Franklin to carry a sick child home to a tenement—a trip into sordid reality which, perhaps, he never forgot.

At the turn of the century child labor is beginning to be recognized as a national disgrace. Irene Ashby, an Englishwoman investigating conditions in the United States, reports to Samuel Gompers: "I was not prepared to find these children, six and seven years old, working twelve hours a day, aroused before day break, and working until long after sundown in winter, with only a half hour for rest." No laws protect children, who are killed and maimed by machines. When two parents in New York are arrested for cruelly beating their child, they are tried under a law that prevents cruelty to animals.

The high point in the struggle to end exploitation of children comes with the first White House Conference on Children, called by Theodore Roosevelt in response to social workers, and with the creation of the Childrens Bureau, which is to act for decades as the spearhead and guardian of children's rights.

The optimism of the Progressive period is swept away by the First World War. Jane Addams, the first woman president of the National Conference on Social Welfare is denounced and ostracized by other social workers for her stand against war. In a wave of fear and reaction, immigration is limited, those with different political views are deported, and Eugene Debs is sentenced to ten years in prison for expressing his views. Prohibition becomes a noble experiment.

The 1920s roar by with the Charleston, flappers, and rumble seats, while social progress marks time. Social work itself has shifted its concern from society's ills to individual adjustment. But at the end of this decade everyone finds himself in the same boat.

THE DEPRESSION

Men follow garbage trucks to the dump and fight over choice pieces. They beg for jobs, and 3,000 at a Michigan auto plant are met with guns and tear gas. In Washington, 15,000 veterans gather to ask for their promised bonus and are driven out by cavalry, tanks, and bayonets, under command of General Douglas MacArthur. An answer comes with the New Deal, which brings overdue landmark legislation—the Social Security Act, aid to dependent children, minimum wages, unemployment insurance, a host of other protective laws, and the beginning of major public social services.

Unemployment is finally solved, however, by the Second World War. The savage drama which began in Europe draws in the whole world. And while the United States fights dictatorship abroad, it loses one of its own battles for justice, as 110,000 blameless citizens of Japanese descent are dispossessed and forced into "relocation centers."

The 1950s bring McCarthy, television, packaged myths, jobs, profits. But people still have deep personal troubles, and justice is still denied in reservations, ghettoes, prisons, mental hospitals. The demand for justice finally bursts out in the civil rights movement. From the proud marches on through the burning cities, the country hears and finally understands the assertion of Dr. King: "We will get to the promised land."

The war on poverty is an incomplete response, but it is a sign that the invisible poor are no longer invisible. In 1973, without victory, it ends.

What do the poor have left? One answer comes from Cesar Chavez: "We have our own bodies and spirits and the justice of our cause as our weapons."

"You who have found life," demands narrator Celeste Holm, turning to the Conference, "help us! Help us with your skill, your strength, your secret." And singer Kate Cherin and the Dance Theatre burst into the joyful rock rhythm of "The Secret Is Love": [1]

[1] Lyrics by Annette Leisten and music by Sheldon Markham.

What makes you strong
What makes me weak
What's this strange language
I'm learning to speak
Where have I been
Where must I go
Slowly, slowly
I'm beginning to know

The secret is love
There's something about it
That makes people different
From people without it
The secret is love
How could I doubt it so long

People who love
Must know how to live
For even with nothing
They've something to give
For people who love
Always can share
They've got somewhere they
    belong

What makes me sing
What makes me sigh
Being so happy
Without knowing why

It's some sort of magic
Wonderfly strange
Slowly, slowly
I'm beginning to change
The secret is love
I'm burstin' to share it
Just like a smile
I'm learning to wear it
The secret is love
I should have known all
    along

People who love
No reason to fear them
I get this warm feeling
Just being near them
The magic of love
Now I know
Is making it grow into a
    song

This feeling is love
The magic of love
And now that I know
I'll never let go
Of the Secret of Love
The Secret of Love
Love, love, love, love
Love, the Secret is Love

The script is being made available to related groups by the National Conference.

Principal cast members

Burt Lancaster and Ruby Dee as Eleanor and Franklin Roosevelt

**Singer Kate Cherin
and Dance Theatre in
"The Secret Is Love"**

Rehearsal, Himan Brown and Dance Theatre

Dance Theatre of Harlem in "Dance of Joy"

Spotlight on the Future: Summary of the Division Program

EVA SCHINDLER-RAINMAN

THE 100TH ANNUAL FORUM of the National Conference on Social Welfare took some giant leaps into the future on Monday morning, May 28, 1973, in Atlantic City. It was an exciting morning with 1200 participants listening, thinking, talking, asking questions. They were seated around tables of ten each. Each table had a pretrained discussion leader-facilitator to help the group participate fully.

But why all this? And how did it come to be—especially at a social welfare conference?

Well, there was a creative, forward-looking, risk-taking Division Committee that planned the "Spotlight on the Future" meeting. The purposes of this meeting were:

1. To provide a background of future trends for the deliberations of the week-long conference.

2. To assure participants a chance really to participate in the thinking and discussions of this meeting

3. To provide a variety of points of view on the technological, economic, and political—welfare, individual—organizational future trends in this society with special emphasis on the field of social welfare

4. To design a first conference day during which delegates could analyze and discuss implications of these futures with a "tying up of the package" in the evening from the points of view of different social workers

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5. To enrich, and link to, Section meetings through the content of the Division meeting.

The design of the "Spotlight on the Future" program had the following ingredients:

1. One hundred and seventy outstanding social work persons were recruited to act as table facilitators.

2. There was an orientation meeting with these facilitators on Sunday afternoon so that everyone would be comfortable with the flow and design of the Monday morning session.

3. The actual Division meeting lasted from 9:00 A.M. to 12:30 P.M. Participants sat at round tables in groups of ten. A facilitator was at each table.

4. There were four platforms: one at the front, one at the back, and one at each side of the auditorium. On each platform was a table, chairs, and a mike.

5. Twelve mikes were distributed throughout the audience. Each mike was numbered, making it easy for the moderator to call on speakers from the floor.

6. Each of the four speaker-spotlighters had fifteen minutes to present; then table groups had fifteen minutes to discuss the implications and jot down questions. After the last speaker a general talk-back, question-answer session was held.

The Spotlight speakers, each of whom was allotted fifteen minutes were: Mary Dublin Keyserling, "What of Our Economic Future"; William Lunsford, "Political and Welfare Trends of the Future"; and Gordon L. Lippitt, "Interpersonal Relationships in the Future—Looking at Changing of Individual Motivation and Organization." Ronald Lippitt led a discussion among these speakers on "Our Technological Future." The moderator for the morning was Eva Schindler-Rainman.

Some excerpts from the table discussion of the implications include:

Economic

1. There is need to open new and creative fields for employment opportunities.

2. There is need to find out what stops us from a full-employment economy.

3. Is infinite expansion consistent with finite resources?

4. We cannot make economic changes without political changes.

5. There is need for more education in economics in the social welfare field.

Political and Welfare

1. Social workers must learn to understand and then use revenue-sharing opportunities.

2. There must be increased participation by social workers in local and state politics and legislation.

3. We need to help form coalitions of the concerned, but we need to develop skill in so doing, in knowing how and with whom and for what.

4. Can poor people work with the existing system to bring about change? How?

5. There is need for organized, unified effective social action on the state level.

Organizational

1. Social work would gain by adopting the changed concept of organizational development.

2. How do we get consumers involved in goal- and priority-setting?

3. How can we approach measurement of effectiveness in social welfare?

4. Accountability is basic to good organizational life; we must build such mechanisms into our organizations.

5. How do we get agencies interested in and using systems technology?

Technological

1. How do we control rather than be controlled by technology?

2. We need to learn to use computers, cable TV, and so forth, to involve people in social planning.

3. Perhaps we need to develop a social work think-tank to involve social workers in this area.

4. What effect will technology have on the nonuse of material and human resources?

5. We need to utilize technological experts to streamline some of our agencies.

Ronald Lippitt summarized the morning discussions. Some of the themes from the floor and from the speakers were:

1. The past must not be a prelude to the future.

2. Let's not cop out, but rather become internal change agents in our communities and organizations.

3. The current crisis may well be an opportunity for the formation of coalitions of people helpers that have more potentiality for influence than they have had for some time at the federal, state, and local levels.

4. We need to put more energy into future-oriented efforts rather than defending the past or present.

5. We need to upgrade the competence of state and local leaders by involving them in our concerns and activities.

6. Social workers need to increase their political sophistication to be more adequately and influentially involved.

7. We should and could become more active masters of the techniques and strategies of change and action.

8. Accountability is an emerging responsibility for all of us.

9. Conflict is an opportunity for negotiation; compromise, an opportunity for creative potential.

10. Alliance formations of all kinds are needed among and across professions, specialized fields, and interests at the local, state, and federal levels.

When the meeting ended, many people remained at their tables, continuing their discussions. It was clear that delegates found this time together productive and challenging. They discovered: each other, new ideas, each others' resources, common challenges and questions, and a joint concern to do something to improve the present and plan realistically for the future.

The abstracts which follow are condensed versions of the statements made by speakers at the "Spotlight on the Future" session and the major points of their implications for social work as seen by the three summarizers at the day's closing session on "Social Welfare's Mandate."

ABSTRACTS
MABEL E. DAVIS

Mary Dublin Keyserling: "What of Our Economic Future?"

The real issue is not what we can afford, but whether we care enough to use our resources wisely in the interest of people. Our central economic challenge is to restore and maintain full employment. Excessive unemployment is the root cause of our professed inability to afford what we must do.

Full employment at existing tax rates would increase our revenues by an estimated $50 billion yearly. With our estimated economic potential translated into reality, by 1980 less than one quarter of these additional revenues would enable us to:

Lift every consumer unit out of the poverty cellar

Increase retirement and social insurance levels to ensure decent income for our poverty-stricken senior citizens

Provide decent homes for every family and obliterate much urban decay

Overcome disparities in services between rural and urban families

Eliminate hunger, malnutrition, and pollution

Double federal outlays for education, manpower, and welfare programs, including universal income support for those who cannot or should not work

Finance a universal, comprehensive health insurance program

Provide day care without cost for low-income families and at prices others could afford.

These social programs are first steps in restoring full employment and production by increasing the purchasing power of the lower income portion of our people.

Gordon L. Lippitt: "Interpersonal Relationships in the Future —Looking at Changing of Individual Motivation and Organization"

Trends challenging our institutions represent an uncontrolled

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shift from an industrial to a postindustrial society; from an era dedicated to the work ethic, economic efficiency, and nationalism to one based on humanistic-democratic ideals. Our society, managed by the values, structures, and leadership of the industrial era, is in a period of transition, of massive change involving new concepts of man, power, and organizational values.

Survival of our organizations will depend on their flexibility in self-renewing activities; on two-way communication and open access to information with control based on mutual confidence among all members; on development of human resources and application of a sociotechnical system concept relating human and technical resources. Internal confrontation, conflict, and stress will be accepted as a norm of constructive organizational life and face-to-face groups as the key unit of organizational accomplishment.

Ronald O. Lippitt: "Our Technological Future"

In our conflicting reactions to future technological developments we see the computer as a colleague in its communications potential for coping with new information tasks; in handling transportation flow; as a resource for medical diagnosis, health maintenance, and creation of human resource banks. Or we see, and fear, it as a competitor to the white-collar worker, hindering the growth of employment in trade and distribution, eliminating jobs and creating occupational shifts.

Technology has the potential for releasing more time for non-bread-earning activities, for tremendous expansion of volunteer energy, for production to meet the vast reservoir of unmet human needs. If we are to realize this potential, we will need interdisciplinary linkages between organizations and technological experts to foresee the consequences of decisions, to achieve an active posture in total problem-solving and resource utilization before we are forced to adapt to changes imposed by technological developments.

William S. Lunsford: "Politics and Welfare Trends of the Future"

Our current political climate with its new federalism, its proposed 1974 budget cutbacks and terminations in domestic programs, new HEW service and welfare regulations, and the confusion surrounding Watergate leaves few opportunities for social welfare concerns. The proposed 1974 budget, with its widespread curtailing of programs for the poor, the minorities, the elderly, and education, does offer us opportunities to form new coalitions, to regroup and move ahead in establishing a positive political environemnt.

We must sell the American people on the idea that our efforts to provide the quality and justice to make ours a viable society are not merely in the interest of the poor. We can use the revenue-sharing aspect of the new federalism to organize people in local communities, to convince them of the importance of decisions made at state and local levels and point up their weakness and ineffectiveness in dealing with "people problems."

SOCIAL WELFARE'S MANDATE

Arthur F. Silbergeld: "Universal Social Services"

As social welfare professionals we allow "others" to make policy decisions while we react in the aftermath, adapting to policies and assuming roles we abhor. Our almost exclusive commitment has been to improve the life quality of the poor. Our acceptance of a selective, stigmatizing, dual system of service delivery makes us partners in fostering social inequalities and injustices.

Such complicity is at odds with the aim of universal social services: to eliminate social distances and inequalities by providing care to all under common structures. If our mandate is to include social equality, we must embrace universalist principles—must destigmatize government-provided services and enlarge our constituencies to include the middle class, persuading them that services should be provided as a legal right of all, not only the poor—and must ally with unions and persuade them to relinquish their role in providing social services in order that members might receive government services available to all. Unless

our constituency is expanded and equal services for all demanded, our role will remain passive and the poor will not be served.

John B. Turner: "Organizational Role"

Social welfare is seen as an industry whose strength in its diversity of auspices is also its weakness in its piecemeal approach to problems, resources, and standards of service.

Two—possibly three—new forms of organization are needed to service the problem-solving needs of the industry. First is a multidisciplinary, multiprofessional organization to provide program and fiscal policy analysis, program and agency monitoring, and technical assistance at local levels on the impact and consequences of policies and programs.

Our second need is for a national "action" organization with local counterparts to formulate action strategy and provide machinery at all levels for building coalitions as needed and developing the political sophistication we lack in presenting our issues more persuasively. Third, we need an organization to provide technical assistance in improving accountability and to bring organizational change in making agencies more responsive to their goals.

Elizabeth Wickenden: "The Practitioner's Role"

A part of what we face today is not just an illness at the top, but one that permeates us all—an atmosphere of distrust, alienation, and lack of understanding.

The sweeping notion that dependency, in itself, is evil is false. Essentially, we are social creatures, dependent on each other. In earlier times the family, the tribe, the immediate community served to meet the needs of those in trouble. Technology, the science of widening knowledge and ways of putting it to work, has broken up the old village self-help system, making people dependent on jobs, on urban living and institutionalized social systems.

The social worker with his knowledge of the people he serves should be the essential link between the individual and this spreading interdependence in finding the means for creating a

society less frightened, less fragmented, less lonely, and capable of maintaining the worth of every individual. He has three major functions to perform: to stand ready to relieve the loneliness, the fear, and the isolation of those in trouble; to convince those in policy-making positions of needed change; and to isolate and communicate his knowledge of individual problems and unmet needs which in their totality constitute a social problem.

What Price a Better Tomorrow? Social Policy for the Future

ALFRED J. KAHN

For almost a decade, domestic social policy has moved slowly toward commitment to greater equality, social justice, and individual and group enhancement and development. The social services have been dedicated increasingly to assuring access to entitlements and amenities. Now a major effort is being made to redefine the parameters once again and to reanchor social policy in a narrowly conceived and intolerant work ethic. The means test would reign supreme. Social control would again dominate social development. Where we had begun to focus on opportunity, enrichment, equity, new social service regulations require that social services be justified as targeted at attainment of *"self-support* [and] . . . . *self-sufficiency."* [1] The need for service is to be certified and recertified regularly in these terms. Where the courts and administrative procedure had begun to define rights and protections for welfare recipients, new regulations turn again toward restriction and reduced procedural protections.

It is a strange moment, because the delimiting and primitive rhetoric that we have heard from the White House employs new phrases but does not convey completely new policy. It is in part a celebration of what *is* and has been. On the other hand, to the extent that new constraints and restrictions are sought, they are not yet translated into reality and may not become reality. We

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[1] Department of Health, Education, and Welfare, Proposed Rule Making, *Federal Register,* February 16, 1973, p. 4610.

must not let them become reality! First, citizen and Congressional opposition has been known to reshape policy. In the present instance, well over two hundred thousand Americans wrote to protest an earlier version of regulations designed to implement social service changes enacted by the 92d Congress. And the Congress itself has begun to show concern.

Second, those "leaders" and policy-makers who only a few months ago told social workers that they were "parasites sucking the fiscal blood" of the nation and should expect social programs to be curtailed, thus forcing them "to go out and find honest labor somewhere else"—those leaders are now exposed. Their hypocrisy is revealed. Congressional committees and courts have evaluated the "honesty" of *their* labor and the manner in which they subverted our political system with funds questionably assembled. The exile from power of some of them and the eclipse of the others also will signify a weakening of some of the domestic policy initiatives which they coordinated. For it was the same flawed view of Americans, their capacities, and their rights which sabotaged the election campaign of 1972 and then interpreted its results as a mandate to curtail social sector programs and social welfare commitments.

The rhetoric of January and February, 1973, read to some observers like the end of an era which began forty years ago. Others were not sure. But the politics of May and June, 1973, make the picture even less clear. Thus if we are to talk of a "better tomorrow" in a somewhat larger time frame, perhaps ten to fifteen years, we need additional perspectives on these pronouncements and events. In short, we need to assess where social sector programs in the United States have been, what the early moves of the second Nixon term signify, and what is possible. The price we can and will pay for our vision of tomorrow will depend on how we define realities and possibilities—and on how we rank our choices for response.

IS THE WELFARE STATE DEBATABLE?

The President's proposed budget for fiscal year 1974 was presented after a series of statements, leaks, and rumors to the effect

that the second Nixon term would be responsive to the voter mandate (including the alleged blue-collar reaction to social programs for the poor and minority groups which put those who work at a presumed "disadvantage"). Now there would be alertness to issues of efficiency, effectiveness, and attainment of objectives rather than an assumption that programs needed to be continued only because their announced goals were attractive or because user constituencies favored them. Furthermore, the growth in costs would have to be curtailed because the inflation problem was serious (and the alternatives of a tax increase and additional cuts in defense spending had been rejected).

The "better management" and "controlled costs" rationale was offered only after months of talk about "workfare" and a complete presidential turn around from the "income guarantee by right" of Nixon's original family assistance plan proposal to the support of day care only in order to permit, or even require, mothers of young children to work—and an insistence upon more restrictive welfare regulations generally.

The regulations offered to implement the Social Security Act service titles and the ceiling on social services (which was incorporated by the 92d Congress in its general revenue-sharing legislation) were in the same spirit: a return to a tight means test for social services, where there had been a modest turn to universalism; an insistence that services pay off in decreased relief rolls or "less costly" community care as compared with institutional care; and so on. Few services were to be mandated, and those services that were not restricted to current, very recent, and potential (almost immediate) recipients were to be limited to those living close to the welfare eligibility line. New emphasis was to be placed on service eligibility certification, monitoring on a case-by-case basis the rationale for giving service, and gauging effectiveness in terms of narrow criteria. New rules for the assistance titles, too, moved toward tightness, more difficult appeal, a less open door. Workfare and "less eligibility" were to reign after a period of talk about, and even court support of, the rights of relief recipients.

Of even more widespread impact, and the cause of consider-

able panic in government departments on all levels, in public
and voluntary agencies on the local level, and in professional cir-
cles everywhere, were the proposed social sector program
changes for fiscal 1974, variously described as the liquidation of
the failed Great Society or the introduction of new evaluative
rigor and program efficiency. In brief, the Administration bud-
get called for the following: [2]

The termination of the Office of Economic Opportunity by
June 30, 1973

Elimination of the Hill-Burton program of grants for hospital
construction

Phasing out of the Public Service Employment program en-
acted by Congress in 1971

Expiration of the Regional Medical Program (heart, cancer,
and stroke)

Discontinuation and/or severe cutbacks of a variety of train-
ing programs in health, education, and welfare

Elimination of provisions for new subsidized housing commit-
ments

Termination of commitments for additional project approvals
under seven community development programs (open space,
water and sewer, public facility loans, model cities, urban re-
newal, neighborhood facilities, and rehabilitation loans) by
June 30, 1973

No new commitments for the funding of community mental
health centers

Elimination of the summer Neighborhood Youth Corps pro-
gram and a freeze on the remainder of the program.

In place of some of the above, the President called for the en-
actment of four special revenue-sharing programs in education,
law enforcement and criminal Justice, manpower training, and
urban community development.

The rationales are known: unsuccessful and low-priority pro-
grams were to be dropped, as were programs (Hill-Burton; train-
ing) which have completed their mission of overcoming short-

[2] This summary was prepared by the Community Council of Greater New York.

ages. States and communities were to be freed of the rigidity of hundreds of categorical programs so that they might reflect their own needs, priorities, and diversity in their planning. Neither welfare reform nor health insurance, once high-priority Administration programs, was mentioned in the budget message!

I have touched on these matters only to recapture the context of the reassessment which began among social welfare professionals and lay leadership. We had assumed that social services and improved social sector policies and entitlements were here to stay. Were we wrong? Was this a return to a pre-New Deal or a pre-Great Society policy? Where was the social policy of the United States heading?

For the first time in some years, there was serious challenge to what might be characterized as the application of the "end of ideology" analysis to social policy. Robert Lekachman [3] saw a "reversion to Stone-Age social policy." Senator Edmund Muskie proclaimed "an abandonment of our efforts to help those least able to help themselves." Senator Edward Kennedy attacked the "ruthless redirection of this government's commitment to its social obligations." Mass media publications and public speakers everywhere wondered whether the end of an era had come. The change from the social policy of the first Nixon term to that of the second seemed to have major qualitative significance.

But was this true? If so, in what sense? First let us be clear about the "end of ideology" argument. In another context Daniel Bell had argued that ideological superstructure apart, the similarity of problems-tasks among highly industrialized modern societies and their interdependence was such that, in effect, East-West conflict was dysfunctional and detente likely.[4] Many of us applied similar thinking to the social service issue. Looking at the functional tasks of an urban industrial society we argued that the social service infrastructure of public social utilities, case services, and access provision was essential and not even debatable. Provision could take many forms, be generous or niggardly, be

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[3] These several quotations are from Alice M. Rivlin, New York *Times Magazine*, April 8, 1973, p. 33.

[4] Daniel Bell, *The End of Ideology* (New York: Free Press, 1960).

called many different things in different countries and under various social systems, but provision there had to be. It is no longer possible, we announced, to conceive of a modern society without social service programs for the aging or for children, without social security or equivalent provision, without large public investment in health, education, and housing—and so on.

From this it followed that the differences between Democratic party-controlled state and national administrations and those dominated by the Republicans were less significant than the similarities. And whatever they were called and no matter how entitlements were conceptualized, we expected in countries on both sides of the world's political ideological boundary line, in those on the border, and in those in the so-called "third world," measures to guarantee income security, general social services, medical care, housing, manpower, corrections, and essential urban amenities. In short, ideology is far less significant in determining social sector provision than is the stage of economic and urban development.

And the evidence appeared to support the theme. Significant is the fact that Dwight D. Eisenhower did not move to dismantle the New Deal, even though he won his election from an opponent whose social welfare proposals have been more extensive. Similarly, Richard Nixon, in his first term, in no sense dismantled the Great Society.

At this point, some data may help.

Even the Vietnam war did not reverse the process evident in Table 1, although there are those who argue that the social sec-

TABLE 1

SELECTED SOCIAL WELFARE EXPENDITURES AS A PERCENTAGE
OF GROSS NATIONAL PRODUCT

Category	1965	1970	1971	1972
Income maintenance	6.6	7.6	8.8	9.0
Health	5.9	7.1	7.5	7.6
Education	5.5	6.4	6.8	6.8
Welfare and other services	0.7	1.0	1.2	1.4
Total social welfare expenditures	18.0	22.0	23.9	24.5

tor investment might have grown more rapidly under another foreign policy. In any case, the following points are relevant:

1. Model Cities and the antipoverty "war" did not show significantly large appropriation gains from 1965 to 1973.

2. But expenditures for Medicaid and Medicare rose from zero to $17 billion.

3. Housing subsidies rose from very little to $1.8 billion.

4. Food stamp appropriations rose from very little to $2.5 billion.

5. General social services under the Social Security Act rose at least fivefold to about $2 billion.

6. Domestic expenditures generally increased at a more rapid rate: the average annual increase in 1960–65 was 5.8 percent; in 1965–70, 9.1 percent; and in 1970–73, 10.7 percent.

Finally, as is generally known, the social welfare expenditures budget of the federal government now exceeds the defense budget for the first time. The following 1963–73 comparison is instructive, with figures for 1973 subject to some subsequent correction:

TABLE 2

SELECTED EXPENDITURES, U.S. GOVERNMENT

Category	Fiscal Year	
	1963	1973
Defense, space, and foreign affairs	$58.9 billion (53 percent of budget)	$88.0 billion (34 percent of budget)
"Old" income-maintenance program	$28.4 billion (25 percent of budget)	$74.9 billion (29 percent of budget)
"New" Great Society programs: housing subsidy, Medicare, Medicaid, food stamps, housing loans and subsidies	$ 1.7 billion (2 percent of budget)	$35.7 billion (14 percent of budget)

Surely one could argue before the November, 1972, election, the January, 1973, budget message, and related administrative pronouncements and directives that the welfare state was and is

firmly entrenched. It was certainly a "reluctant" welfare state. It was making no significant progress toward economic equality and was far from implementing its pronouncements about racial justice. Big-city squalor was increasing. While technically defined poverty was on the decline, significant numbers of citizens were not partaking of the fruits of the most productive industrial-agricultural enterprise in the history of the world. And those who needed to draw upon means-tested programs were often shamed and were almost routinely made to feel inferior and unworthy.

Yet welfare state the United States was and is. There is a framework of law, provision, and doctrine which we Americans share with other welfare states both under socialist governments and mixed economies. It is against this framework that we may interpret the early policy proposals and actions of the second Nixon term and clarify possible policy consequences, action options, and their potential costs.

THE ESSENTIALS

Whether one calls the United States a welfare state, a social services society, a Great Society, or a consumer society, it is characterized by:

1. *Demand management of the economy.* The initial statutory mandate is the 1946 Full Employment Act. While there are theoretical and political debates about the uses of fiscal and monetary policy, and particularly about unemployment-inflation trade-offs, governmental responsibility in this domain now is largely unchallenged. President Nixon is an announced Keynesian. His Phase I and Phase II controls went beyond any similar peacetime actions of a Democratic president (despite the collapse of policy by Phase IV).

2. *A guaranteed "social minimum."* While the rhetoric of a "health and decency standard of living," as formulated in the preambles of many state welfare laws, or the promise in the Housing Act of 1949 of "a decent home and a suitable living environment for every American family," hardly characterizes statutory commitments or budgetary allocations, and while the

available health-income-food-housing guarantees are in the Poor Law tradition, carrying penalty and stigma, basic underpinnings have been growing since the 1930s and are not likely to disappear despite rhetoric and occasional challenges.

3. *Efforts to implement concepts of social justice and create equality of opportunity*. Disadvantaged groups and areas are given special help and preference, and legislative-executive branch action implements nondiscrimination statutes and policies. While the accelerated actions of the Johnson Administration are fading memories, and while some of the policy instruments are being dropped or modified (busing, affirmative action, and so on) legal and administrative doctrines have been established, and slow change continues.

Why these commitments and policies? Because a society has discovered that the market alone does not motivate a labor force, control inflation, guarantee intergroup peace, assure the education-health-housing-social responsibility necessary for national unity, or best implement national interests. The welfare state is the heir of mercantilism; it departs from *laizzez faire* in the national interest. It seeks social justice to assure national unity, or peace, or credibility. It worries about unemployment and inflation because everybody's standard of living is at stake. It develops social services because they are essential to urban amenity and to problem-solving for all citizens. Modern transportation and mass media make the protected enclave a rarity. The quality of the society is indivisible, and the recognition of this reality creates demand for social services. In short, the social services (using the term in its generic sense to mean health, education, welfare) are part of the standard of living for all citizens.

If you doubt this, ask whether adequate provision for the aging, societal supports for mothers and families, community efforts for youth, drug programs, family planning and abortion, protective services for children, family life education, or any of a dozen other programs are for the poor alone, for the minority group member alone, for the unskilled alone—or for all of us, for the society.

My argument is now rounded: no chief executive of a modern

urban industrial society can dismantle the policies and programs which characterize the welfare state. The national interest would not permit it. The public would not tolerate it. A modern society cannot function without the social sector apparatus any more than it can function without energy. Individual programs may rise and fall. They may be expanded or deprived. The design, after all, is incomplete, the commitment partial and reluctant, and absolute knowledge as to what is helpful, what essential, what destructive, is actually quite limited. But the day is past when a modern society would dare make a complete turnabout and seek to function without the welfare state infrastructure.

Nor did Richard Nixon make the effort to dismantle these institutions in his first term. He even took some forward steps in the civil rights field (affirmative action), made welfare and health expansion and reform proposals (which are subject to mixed interpretations), and continued earlier expenditures. Whatever his intentions now, societal and political realities are on the side of advocates of extensive commitment to social sector programs. The issue, then, is how to interpret the most recent Nixon actions, if they do not signal the end of social welfare, and how to respond to them.

NIXON II

I have no special information about the deeper significance and long-range targets of the Administration's social policy activities in the January–May, 1973, period. It already appears that response to Watergate, among other things, involves some turnabout in domestic policy, so that a full denouement may never occur. My hypotheses are constructed out of the rhetoric, the public record and, most of all, out of the specific steps taken in relation to budget, proposed legislation, administrative practice, and regulations.

The following elements seem critical:

1. *Special revenue sharing.* It is proposed that hundreds of categorical programs be replaced by block grants to the states in a form allowing planning and administrative discretion. The

call in the antipoverty community action programs for decentralization and community control is now turned back upon us by the Nixon Administration in the form of a "new federalism." In education, for example, thirty programs are to be consolidated in a $5.3 billion package that would reduce only funds for federally impacted areas (a questionable priority) and would include one billion dollars in higher educational opportunity grants for the poor, but in a form that would damage the large private universities. Other special revenue sharing, as indicated, would cover law enforcement, manpower, and urban community development.

The worry is that if decisions are left to state legislatures, cities, especially urban ghettos, will not have a fair share, that national policy will be eroded, that standards will fall. For the most part, the cuts are not for the coming fiscal year but in relation to normal and projected growth of categorical programs. Indeed, this is the nature of all the alleged "savings" featured in the January, 1973, budget message.

If special revenue sharing is enacted, the interest groups which normally sustain categorical programs will find their efforts dissipated at the doorways of many state legislature and city halls. There will be no well-defined Washington target. Nonetheless, this is hardly an end to social programs. The issue will be the exact terms of special revenue sharing if, indeed, it comes to pass. Policies can be incorporated, standards monitored, fair shares mandated. After all, there is something to be said for a measure of decentralization of planning and for diversity within the country.

2. *New forms of management by objective* and *tighter administrative accountability*.[5] Friends of the social services want the public to have confidence in the fact that those in receipt of public assistance are indeed eligible under the standards which prevail. Management information systems are needed for good planning and effective resource deployment. We recognize, too, that costs of the social services have gone up. We ask for in-

[5] "Management by objective" is already passé as a term, but the initiative has come in several different packages in the past several years.

creases not only for consumers of these services but for staff members as well, for ourselves. The large working-class and middle-class population of this country has enjoyed salary increases in the post Second World War period which nonprofit and governmental service staffs have wanted to share. Indeed, political pressure and unionization of public employees, particularly, have led to increases which have paralleled and occasionally exceeded those in the private, profit sector. But workers in the profit sector generally (though with many exceptions) do earn their increases through increased productivity, a standard which has little meaning in some social sector programs or may even be dysfunctional. Yet if social services are to continue and even expand, the profit sector worker, whose productivity buys him a higher wage, and whose higher taxes will have to pay for comparable gains for social sector services, has a right to expect accountability, efficiency, and effective programs.

This is what the present proposals could mean. But the objectives are narrowly conceived, the legitimate goals constricted: "self-support goal," "self-sufficiency goal." Services can and should be monitored in relation to objectives, but if the objectives are too narrow, the "management by objectives" becomes a way to change policy in a regressive way. Here is where the social programs of the last several decades are most threatened.

3. *Selectivity as the basic social sector policy.* The actions and proposals of late 1972 and early 1973 would move us back about a decade: (*a*) by enforcing public assistance regulations that wipe out some of the progress made in protecting the dignity and rights of applicants and recipients; and (*b*) by promulgating social service regulations which in one stroke abolish the trend to universalism in social services and impose a narrow means test. Note that I have not said *four* decades, but the setback nonetheless is significant. We had begun to recognize that, too often, programs meant only for the poor become poor programs. The new banners of the late 1960s read: "Social services good enough for any American." But the reaction has come. It is compounded from fear of an excessive fiscal burden and from anxiety about the possibility that to expand social services is to undermine

"normal" personal and familial responsibility. New uncertainty has been proclaimed about services which go beyond restoration to self-maintenance of the`employable, protection of the dependent young and old, and control of the dangerously or frighteningly deviant.

4. *Liquidation of programs.* Unsuccessful programs are to be liquidated as are programs which have completed their assignments. What tasks *are* redundant? Alice Rivlin comments:

Some problems were clearly solved. There is no longer a shortage of hospital beds or high school teachers or college classrooms. The war on poverty, to be sure, did not wipe out poverty, but it was hardly realistic to think that poverty could be eliminated with nursery schools and health centers and legal services, even if these programs were highly successful, and many of them were. Not being poor means having more money, and these service programs were not providing money. They were providing skills and experience in community leadership and assistance in dealing with the economic system.[6]

And the New York *Times* commented editorially:

Let us suppose that a man is drowning thirty feet from shore. A rescuer throws him ten feet of rope. He drowns. It would scarcely be logical to conclude: "Rope is of no use in the prevention of drowning." [7]

One day the President attacked the failures of the Great Society. The next day he proclaimed the decrease of crime in American cities. He had not only solved the problem of evaluation which continues to plague federal program objectives, but had also accomplished a research first, distinguishing the effects of his programs from those of Lyndon Johnson!

What is one to conclude? I suggest that what was proclaimed was not an end to the welfare state, although the term itself would hardly be accepted and the President's deepest intentions are unknown. There is no fundamental challenge to social insurance. The 92d Congress went far in increasing benefits and tying them to the cost of living. The safety-net public assistance program is not up for reform just now, even though its defects are

[6] Rivlin, *op. cit.*, p. 93.
[7] Editorial, "The Short Rope," New York *Times*, February 27, 1973.

obvious, nor, however, is it up for abolition. In fact a guaranteed income has now been enacted for the aged, blind, and disabled! Public education's support continues. Health programs will increase because medical costs are beyond the means of most Americans who experience more than a brief episode of illness. There will be future efforts in housing, since the market cannot house large population elements in the big cities at costs they can afford. There is commitment to: a measure of demand management, a modest social minimum, and programs related to equalizing opportunity somewhat (but there is no inclination to guarantee equality of condition).

I suggest that what is new in the second Nixon term is the new and determined effort to arrive at a restricted level of guarantee, a spirit of selectivity and a departure from the universalistic ethic, a Poor Law rather than a rights rationale for service, an emphasis on the social control function of the social services (rather than their potential to enhance development and assure opportunity.) For this is what we have now been taught, something about which there were warnings, but not warnings that many of us attended:

The welfare society can be generous or niggardly.

The welfare society can feature social control or enhancement.

The welfare society can feature a rights ethic or paternalism.

The welfare society can be mired in its Poor Law origins or aspire to an ethic of equity and equality.

The welfare society can select its priorities in close collaboration with the forces of the labor market, or can seek to lift its citizens to new levels inspired by humanistic values.

DIRECTIONS AND PRICE

I take it for granted that, in their capacities as citizens, members of the National Conference on Social Welfare will express themselves concerning the proposed legislation, budgets, and regulations. There is a political struggle of uncertain outcome yet to be staged in Washington. I see no reason to predict or accept defeat.

I also take it for granted that *NCSW* members realize that after

federal legislation and regulations there must be revised state so-
cial welfare plans and budgets. This, too, is a major arena for ac-
tion. Washington can tell states what it will reimburse, but not
how a state may employ its own capacities. We can decide what
is urgent and insist on state responsibility, too. And should spe-
cial revenue sharing be enacted there will be other possibilities.
The specific federal policies, constraints, and guarantees and the
manner in which states exercise their options and utilize their
own funds will be crucial. There is much work to be done here.

Nor need we accept restrictive concepts. If we believe in a
philosophy of universalism for social services, if we believe that
the soundest long-term direction is to unite public welfare social
services, voluntary sector services, and the community mental
health system into one universally available network, we may be
able to achieve that one delivery system—paying out of federal
matching funds, and within federal limitations, for present,
former, and potential relief recipients (and for some services not
so restricted). State money where available and voluntary philan-
thropy should pay some or all of the costs of service for those
who are not eligible for federal reimbursement but are unable
to afford fees. Finally, if the services truly are "good enough for
any American," people with somewhat higher incomes (three
times the poverty line?) should be asked to pay fees unless they
are covered by insurance or fringe-benefit arrangements though
their employment.

The specific program emphases should depend on priorities
and what we are willing to spend. This, as Eveline Burns told us
some years ago, is a matter of choice, and thus of values. Presi-
dent Nixon cannot end America's commitment to a basic invest-
ment in social sector programs. It is a commitment anchored in
societal developments, not presidential ideology. There is a so-
cietal need to make available certain benefits and services
whether or not people can command them in the market place.
Our social welfare institutions respond to that need. They con-
sume a very major segment of the gross national product (GNP).
However, the President can do much to shape scale, scope, phi-
losophy, pace. Our response should go beyond mere opposition

in favor of a *status quo*. We too must consider the issues of scope, scale, philosophy, pace. We cannot do everything. Resources *are* scarce. Inflation *is* real. There is no free lunch. Interests often are in conflict. Some programs fail, and others are excessively costly for what they do. We too know that some priorities are higher than others, that some programs have greater payoff than others, that some tasks have been completed while others have not yet been begun. In short, while challenging false premises and attacking distortions, let us also turn to the hard questions: In what specific realm would we do better? In what order? How much are we prepared to pay?

The decade has taught us that, all other things apart, poverty must be dealt with by offering people jobs—publicly created jobs if necessary—and giving people money. I interpret the battle of HR 1 in the 92d Congress to mean that a future income-maintenance strategy will need to differentiate the approach to the working poor and the unemployed-but-considered-employable from the approach to those whom we are willing to accept as dependent. Most of us define the latter group more comprehensively than did the Ways and Means Committee of the House of Representatives.

An analysis by Dr. Harold Watts of the University of Wisconsin convinces me that whatever the particular program details, the net cost would be $40 billion at today's prices.[8] Such a sum would double the share of resources going to the poorest fifth of the population, giving them from 3 percent to 6 percent of the gross income. Their income level would still only be that of half of the middle 50 percent of the population. The poverty-level income thus achieved would hardly be adequate to permit major changes in life style or consumption. It would not in any sense offer full equality of opportunity to their children. But it would be a significant improvement nonetheless.

If this measure of redistribution, which is a modest target for the next decade, seems attractive, please be prepared for the

[8] The program could be a demogrant and/or a tax-credit system, and/or a reformed public assistance program, and/or job creation for the employable, and/or expanded unemployment insurance, and so on.

price, too. It is a price that will not be met by tougher tax measures alone, even though closing well-publicized loopholes would help. It will not be covered by assignment to social programs of the products of economic growth over the next five years (perhaps $35 billion), since all costs will go up and there will be other claims too. A program of the needed scale will require these latter measures *and* also heavier taxation for the upper 30 percent of the nation's taxpayers—and that is the real price. This is a political as well as an economic price tag because, depending on the year of calculation and definitional specifics, it means higher taxes at an income level of $18,000 a year.

The income-maintenance-job-guarantee requires a redistribution of $40 billion, yet does not cover the health issue. It will not permit most people who now cannot afford health and hospital services to obtain such services in the market place. The problem here, we are told, is qualitatively different from that having to do with incomes. Our country spends a sufficiently large part of the GNP to deliver decent and well-distributed medical care. That, at least, is a reasonable conclusion after international comparison. If more funds are needed to "sweeten the pot" for change, the scale of added investment could be modest. Our key problem, we are told, has to do with system of delivery. The solution, apparently, is to organize and pay for health maintenance, not for treatment of episodes of health breakdowns. The most costly characteristic of the present delivery system is our long tolerance of price-setting for a scarce commodity under monopoly control, where consumer naïvete is high and much of the need is acute. There is here no benign invisible hand. Only a frightening, climbing cost curve! Insurance to pay for fees will not guarantee a solution. We need to use the power of the public purse and of fringe-benefit schemes to achieve a new delivery system, a measure of regulation of practice, and a ceiling on component costs. Are the American people willing to pay that price even if the organized medical profession is unhappy about it?

We also need a housing utility, or subsidies to renters and purchasers. The investment will have to be on a large scale,

equal to the level of public mortgage guarantees which built our suburbs after the Second World War. But government in the United States cannot itself build and manage on the needed scale. The price of success here will be the subsidy (this, too, out of taxes and economic growth and estimated as rising from $1.8 billion in 1973 to $7.5 billion a year in 1978) and the achievement of a more effective and more efficient public-private mix than has yet been known. All of this in the context of regulations that do not stifle initiative and remove profit incentives. No small order, this. Our national housing program is now at dead center while new strategies are explored. We need to achieve the $7.5 billion rate, or more, but also to assure effectiveness. The problem will be better to monitor profit windfalls and dishonesty on the one hand and bureaucratic arteriosclerosis on the other. Americans need large-scale dwelling construction. It is a program which can help the economy through a multiplier effect and also meet basic need. If the public interest is the point of departure, and we are willing to accept accountability by those who spend scarce public resources, the devices should be discoverable.

Universal day care on a scale and of a quality favored by its most ardent proponents carries a $25 to $28 billion price tag, even if one third of the eligible do not use it. We would have to trade it off against income maintenance; perhaps, too, against some of the increases needed for medical care and some of the costs of housing. A modest and manageable $2 to $3 billion, on the other hand, will give us care for children of women who wish to work or to be trained but cannot meet the day care cost out of income. Public subsidy, perhaps by full deductibility of the costs for those with income twice the poverty line and partial deductibility, as at present,[9] with free care below the poverty line, would be fair. It would preserve maternal choice. If the present birth curve continues, buildings and personnel will

[9] Tax law provisions effective in 1972 permit deductions for child care, to a maximum of $400 per month (three children) where both parents work and combined income is not above $18,000. From $18,000 to $27,000 the amount which may be deducted declines by fifty cents for each dollar of income.

be transferable to early childhood programs from elementary schools, which will experience an enrollment decline of half a million over the next five years. I would therefore prefer a day care increase in the form of direct expenditures and deductions rising from about $2 to $10 billion over ten years.

What of the general social services—family and child welfare, social services to the aging, youth services, homemakers, food programs, community care, and the like? Current costs are about $10 billion, public and private expenditures combined. Here the issue is not cost but policy. A $2 to $3 billion growth over the decade would achieve much if we had the necessary policy base and a commitment to integrating public and voluntary resources into a network. Social invention and resolution of policy roadblocks are what we most need.

This outline is sketchy and incomplete. It argues for a coherent policy, for clear choices, and for a willingness to pay. The costs are, first, monetary—a limited degree of income redistribution which will increase our tax burdens and which must reach down to quite modest income levels. Congressmen are afraid of this. Taxpayers may prefer higher personal disposable income. We had better find out if they want to pay the costs, whether they can be convinced that the society will be better if they do pay the costs.

The costs are also organizational and professional. To increase accountability, keep costs in line, resist self-interest of professional lobbies—in short, to focus on service delivery—is to step up regulation and standard-setting. Professionals do not ordinarily welcome this. What of those of us who meet under the banner of social welfare?

Voluntary agencies too will pay a price. The voluntary sector in social welfare (including private insurance, traditional voluntary "charities," nonstatutory fringe benefit programs in labor contracts, nonprofit and profit-making social services generally) disposes of about 15 percent of the income-maintenance budget in this country, about 16 percent of the education budget, about 15 percent of the general social service budget, but 60 percent of the health budget. Since such nonstatutory agencies deliver

many publicly financed services, their role is even larger than these percentages signify. We need to face the fact that improved service delivery, the creation of networks, the search for a reasonable buy with scarce dollars, will demand that the agencies too meet higher standards of accountability. They need to be prepared for public auditing, inspection, and standard-setting as the price of their tax-deductible contributions, public subsidy, contracts for service, and purchase of care. One cannot exude a great measure of optimism about how this is to be accomplished. Nonetheless, it is unavoidable, as is the increased preoccupation in both public and voluntary sectors with effects, effectiveness, and secondary effects. Needs are great, resources scarce, the inflation worry real, citizens have been subjected to rhetoric, promises, disappointments—and high costs. They are skeptical about government and about all bureaucracies. Therefore, part of the future price must be openness, accessibility, and a true sharing. Those of us in the professions and the bureaucracies must be ready for this new accounting. Finally, if resources are indeed scarce and the competing claims many, why should consumers-citizens-taxpayers not participate in making the choices? We eliminate or modify the market to guarantee access to benefits and entitlements to which society gives high priority. This need not mean that we depreciate consumer-citizen response.

The price of a better tomorrow, then, is money, administration, regulation, accountability, planning—all in the framework of an open, honest policy debate. Because I have faith in the American people I expect the debate to proceed.

The Trojan Horse:
Objectives in Welfare Technocracy

MURRAY GRUBER

Until the decade of the 1960s, it was an unquestioned liberal assumption that the cure for social ills was a greater injection of public expenditures. This assumption was decisively challenged by scientific liberalism which took its cue from management and economic efficiency models, from the Pentagon, and the private corporation. As William Gorham, a former Assistant Secretary of the U.S. Department of Health, Education, and Welfare (HEW) put it

> For some decades we have been providing the money and manpower to deal with the problems, for instance, of education and transportation. We put these imputs, figuratively, into a little black box, representing our society and its processes—trusting that the results would pop out the other side. Well, they did not. The outputs have been less than we expected.[1]

The liberal reformation placed its faith, not just in more money, but in management and better planning. With the assistance of systems engineers, mathematicians, economists, operations researchers, and program evaluators, policy makers would be forced to take a *systems* view, carefully delineating objectives, finding better ways of accomplishing goals, and questioning the costs and benefits of existing programs. In New York City, the Welfare Department began recruiting engineers and business administration majors, persons who would be concerned with pro-

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[1] Quoted in Paul Dickson, *Think Tanks* (New York: Ballantine Books, 1971), pp. 232–33.

ductivity, time studies, utilization rates, and cost-benefit analysis. A new commissioner was hired, proclaiming, "It's like a moon shot. You've got to go after the whole thing." Also recruited was a new assistant commissioner, a former director of corporate management of Allied Chemical Corporation, who put it this way: "I visualize the department as a big paper factory. You put the client on the conveyer belt at the beginning, and she gets off the other end with a check or some other kind of service." [2] A beginning step in introducing the managerial-efficiency ethos was to rank New York City's forty-one welfare centers according to their productivity and performance, posting low performance centers in a special headquarters "war room."

The central feature of liberal managerialism is control: control of people, processes, and programs. Emulating the economic firm, emphasis is placed on the dynamics of organization, planning, and efficiency. Advanced technology is brought into play: systems analysis and information systems; input-output analysis; program monitoring; standardization of product; computerized information storage, processing, and retrieval; program impact analysis and program budgeting; research and development. No longer assuming that adequate public finances will do the trick, liberal managerialism asserts that through research, development, testing, and evaluation any problem can be solved. Politics is dead: all that is needed is a technical appliqué for any human, social, moral, or political dilemma.

It may be argued that Luddites, romantic pastoralists, and some intellectuals have always exaggerated the dangers of technology. Lewis Mumford, for example, warned against the robotization of man, and Brzezinski opened his *Between Two Ages* by arguing that in the technetronic age "the result of more knowledge may be more ignorance." [3] Others have suggested various scenarios of technocratic serfdom leading to Huxley's *Brave New World* and Orwell's *1984*. These are haunting themes but they will not be easily accepted by those who see the current situa-

[2] *New York Times,* February 1, 1972.
[3] Zbigniew Brzezinski, *Between Two Ages: America's Role in the Technetronic Age* (New York: Viking Press, 1970).

tion as only the extension of a long upward curve of social prog-
ress whose coordinates are scientific and technological change.

Today, however, certain fundamental developments make the
situation different from all others which have gone before. First
is the fact that the endless proliferation of the techniques of con-
trol has been occurring within a changing institutional frame-
work. Momentous changes have taken place within the last
thirty years, changes which may appear as separate developments
but which together amount to a profound system transforma-
tion. Since the New Deal there has been a steady growth of fed-
eral activity and planning in economic stabilization measures,
income security, urban development, and the manifold aspects
of health, education, and welfare. The New Deal, the Fair Deal,
the New Frontier and the Great Society created an enromous in-
stitutional infrastructure and a spectacular proliferation of bud-
gets, services, personnel, regulations, coordinating mechanisms,
and central planning. In other sectors, parallel developments
have taken place with the constant enlargement of the scope of
long-range corporate planning, and the emergence of the "tech-
nostructure" described by Galbraith. Likewise, large-scale Sec-
ond World War planning of economic production and military
operations developed new organizational structures, new tech-
nologies, and large cadres of professional and technical person-
nel. During the 1950s and 1960s there was a confluence of these
developments as public and private structures began to inter-
mesh and crisscross, complexing into new supersystems.

The phenomenon of organizational convergence ultimately
gave rise to the superorganization—the military-industrial com-
plex. It was this clotting of government and corporations which
generated the quantum leap of technology that has revolution-
ized American life, including the education, health, and welfare
sectors. Clark Clifford, then Secretary of Defense, put it this way
in addressing the National Security Industrial Association, a
lobby organization:

I believe that we in the Department of Defense have not only a
moral obligation but an opportunity to contribute far more to the so-
cial needs of our country than we have ever done before. [This was

possible, Clifford explained, because] We now have a military-industrial team with unique resources of experience, engineering talent, management, and problem-solving capacities, a team that must be used to help find the answers to complex domestic problems as it has found the answers to complex weapons systems.[4]

The military had its "multiplier effect," and almost hypnotically, the civilian sector absorbed the counterfeit cheer word, "systems." Contrived by the new parlance were social service delivery systems, human service delivery systems, community service delivery systems, health care delivery systems, and paralleling the military, the new social service soldiers also talked of strategic interventions, impacts, target systems, and even target populations.

The beginning consummation of technical rationality began modestly enough with the Second World War's Operations Research (OR) as a formalized scheme for applying quantitative analysis to military operations. One of the earliest applications occurred in England in 1940 when an OR team studied the radar-interceptor defense systems as an integrated man-machine system in order to develop optimal utilization of available resources. During the early 1950s OR caught on in American industry, and as it was crossbred with management science, a new technical complex was brought together: industrial engineers; scientists with backgrounds in mathematics, physics, statistics, economics; as well as those in the evolving computer technologies. During the 1960s there was a dramatic growth in management science applications in governmental organizations, particularly in national defense and space activities. In the military and space programs the term "systems analysis" came into use to describe an integrative decision-making process using management science approaches. In contrast to the early phase of OR which was concerned with tactical problems, systems analysis also deals with longer-range strategic problems, using quantitative and nonquantifiable inputs. Its quality of "total administration" is suggested by Hitch's description:

[4] Speech reprinted in *Congressional Record,* October 3, 1968.

Systems analysis at the national level therefore involves a continuous cycle of defining military objectives, designing alternative systems to achieve those objectives, evaluating these alternatives in terms of their effectiveness and cost, questioning the objectives and the other assumptions underlying the analysis, opening new alternatives, and establishing new military objectives.[5]

Beginning in the early 1960s the Department of Defense established a style of planning which in a few short years engulfed the entire governmental apparatus, including health, education, and welfare. Fantastic new weapons systems were becoming increasingly expensive, and the search for a rational method of making choices was becoming imperative: massive war demanded coordinated planning, funding, and execution. In 1961 Secretary of Defense McNamara introduced program budgeting into the Defense Department. Together with the techniques of systems analysis and cost-benefit analysis the possibilities for making rational choices between alternative means were thereby to be increased. The program budget system required a budget organized in terms of categories closer to being true "outputs" than were the older categories. But beyond questions of how to group program categories, the central issue was the definition of the ultimate objectives of the federal government to be implemented through resource allocation. To get at what the government was trying to accomplish, the design phase of the program budget system used such categories as strategic retaliatory forces, continental air and missile defense forces, airlift and sealift forces, and research and development. A key aim was to group end objectives and subcomponents thereof—say, for example, strategic retaliatory forces further divided into aircraft and missile systems. Then the planning phase was to consist of military economic studies which would compare alternative methods of accomplishing national security objectives to determine the one that contributes the most for a given cost, or achieves a given objective for the least cost—the biggest bang for the buck. To

[5] Charles J. Hitch, "A Planning-Programming-Budgeting System," in Freemont E. Kast and James E. Rosenzweiz, eds., *Science, Technology, and Management* (New York: McGraw-Hill, 1963), p. 64.

do this, it was necessary to group integrated combinations of men, equipment, and installations into outputs whose effectiveness could be measured as a whole and related to national security.

Ultimately, systems analysis was applied to the gamut of defense decisions, from the selection of weapons systems to their design, procurement, and delivery. Technically, the entire approach seemed eminently rational; the actual consequences were crackbrained. Twelve years after the introduction of program budgeting, systems analysis, long-range planning techniques, and cost-effectiveness analysis, the General Accounting Office recommended in March, 1973, that Congress and the Secretary of Defense strengthen their ability to determine precisely what the military need for weapons is, what they want each weapon systems to do to meet that need, and how much is to be spent for it. But still worse than errors, waste, inefficiency, and billions in cost overruns was the assumption that madness would be made rational, a delusion which swept through all parts of government, including health, education, and welfare.

The planning-programming budgeting system (PPBS) was formally introduced into civil agencies of the federal government in October, 1965, via an executive order of President Johnson, who hailed it as a revolution in government.[6] Through the employment of modern management methods, such as benefit-cost analysis or systems analysis, departments and agencies would be required to define clearly major objectives of the programs they chose to pursue. They would also have to apply systematic analyses to the alternative ways in which their objectives were being or might be sought, and they would be required to plan their spending in long-range as well as one-year-ahead terms. Ultimately, the system would enable government to identify national goals and measure progress toward those goals. The most crucial part of the formal system is the "program structure." This is the grouping of agency activities into mission-oriented classifications so that programs with common missions or objectives are con-

[6] Executive Office of the President, Bureau of the Budget *Bulletin* No. 66-3, October 12, 1965.

sidered together, along with the cost of each. Coupled with this
is the method of industrial input-output analysis. Each program
has an output, the output being the criterion for the grouping
of programs into broad categories, such as, for example, educa-
tion. As the federal directive explains it:

> One principal indicator of the physical output or services rendered
> will be shown for each program element. The output measure chosen
> should be that which is the most important single quantitative
> measure of program performance. For urban highway construction, for
> example, output might be number of lane-miles of highways built.
> For an on-the-job training program, it might be number of workers
> trained.[7]

Then in descending order, categories could be further "ex-
ploded" into ever more discrete fragments of program subcatego-
ries and then down the line to program elements where the
outputs might be "development of basic skills," "development of
vocational skills and occupational skills," and so forth. The in-
puts might be such factors as educational facilities, finances,
those who provide training, and those who are trained. Income
maintenance programs and the provision of social services lent
themselves readily to the enthusiastic proponents of PPBS. In
Nicol's analysis, welfare personnel, the poor, and those in need
of services are described as "input," while improved economic
status, strengthened family life, improved health and social
functioning are categorized as "output." Included in this model
is a "target risk population," that is, a low-income neighborhood
residence.[8]

   The cult of efficiency spread like wildfire throughout the fed-
eral bureaucracy. All major federal agencies were instructed to
develop and implement planning-programming-budgeting sys-
tems. A cost-benefit analysis was applied to the Job Corps, to
Upward Bound, arthritis control programs, motor vehicle acci-
dent prevention and control, even to various studies of disease-
prevention control which generated comparative data between

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[7] Executive Office of the President, Supplement to Bureau of the Budget *Bulle-
tin*, No. 66-3. February 21, 1966.

[8] Helen O. Nicol, "Guaranteed Income Maintenance: a Public Welfare Systems
Model," *Welfare in Review*, IV, No. 9 (1966), 1–12.

programs in order to highlight such factors as number of deaths averted, the cost per death averted, and the benefit-cost ratio. Numerous applications were also made in the Office of Economic Opportunity (OEO) to determine the relative effectiveness of various program components, among them, a comparison of family planning with city-by-city evaluations of community action programs. All forms of human activity, indeed, the very language of ordinary life, would be reduced to "outputs."

The Big Corporation intertwined with Big Government spins still another technological web of control. In addition to the relentless growth of technology by its own continuous fission—an organism multiplying endlessly—temporary defense cutbacks in the mid-1960s propelled the multinational corporation and the aerospace industry earthbound toward the problems of poverty, mental health, education, transportation, health care, and crime.

Claiming both competence and conscience was International Telephone and Telegraph Corporation (ITT), the multinational giant whose chairman and president, Harold Geneen, said during the turbulent mid-1960s:

> . . . Now, some of you may wonder why a major, profit-making corporation like ITT wants to join the war on poverty. The answer is threefold.
> 1. We, in industry, owe it to our society to use our resources to cure a social ill that has been with us too long.
> 2. We, in industry, must maintain for ourselves and the nation a trained labor force.
> 3. We, in industry, have the capital, the manpower, the skills, the technology . . . and the desire to get the job done.[9]

That was the very same corporation whose president considered fomenting economic upheaval and other forms of chaos in Chile, including the possibility of financing military uprisings against the Chilean government.

Still, in the White House, in the corporate board room, in the *Wall Street Journal,* and in *Fortune* a new theme was being trumpeted: the giant corporation and the aerospace industry are

[9] Quoted in John McHale, "Big Business Enlists for the War on Poverty," *Trans-action,* IV, No. 2 (1965) 5.

possessed of the most advanced and sophisticated "systems capability" for solving the most pressing urban and social problems. The aerospace industry enlisted in the "war on poverty," and Sargent Shriver, first director of OEO, declared that the "advanced training methods developed by business in shooting wars are needed just as much in this new War on Poverty." John H. Rubell, a senior vice president of Litton Industries and former Assistant Secretary of Defense, joined the task force which planned the "poverty war" and proposed that the task of designing and running Job Corps training centers should be given to the large corporations that had designed and managed some of the Defense Department's most complex weapons *systems*. Soon the waiting list for Job Corps contracts included ITT, Philco, a Ford subsidiary, Avco, and Litton Industries, among others. It was the penultimate in technical rationality—the interchangeability of efficient means regardless of the ends; terror or therapy, it did not matter.

Wherever the defense industry was economically entrenched the aerospace Trojan horse was welcomed by government. Mismanaged and inefficient Lockheed Corporation, beneficiary of a special federal bail-out fund to keep it alive, was touted as having the "prerequisites for sound urban planning and systems design." In California, the company was given a six-months, $100,000 contract to design a computerized information handling system for the state's agencies, local government units, and county agencies dealing with such items as job openings, crime reports, auto licenses, economic and traffic trends. Lockheed's recommendations for a computerized "information central" would, said enthusiasts, help agencies deal more effectively with crime and delinquency, health and welfare. Information technology, said one prestigious organ of American business, may have much to contribute to the solution of social problems. In a like venture, Space General, a subsidiary of Aeroject General, took on the problem of crime and delinquency. By using mathematical modeling, matrix techniques, and other devices of systems engineering, the firm after six months and a payment of $100,000 offered this monument to banality: the sharp rise in

the crime rate was attributable to the enormous increase in the number of fourteen-to-twenty-nine-year-olds, the age group that typically has the greatest concentration of lawbreakers.[10]

The supersystem has many connected parts, including semi-governmental think tanks, private consulting firms and universities, all servicing the government with their high-powered technologies. Through their policy analyses, alternatives, evaluations, designs, theories, warnings, long-range plans, short-range plans, scenarios, predictions and forecasts, tests, analyses, or simply their ideas they influence the very character of social analysis and how we think. Originally, the think tanks of which Rand Corporation is Holy Mother, were primarily supported by the Defense Department. In fact, it was at Rand that program budgeting was developed for the Defense Department. Currently, Rand and other major think tanks are attempting to apply their technology to urban problems, and what they do is called "policy analysis." New York City for example, had an arrangement with Rand to study how to apply the systems approach to budgeting, planning and long-range policy development. Today, the job of the think tank can range all the way from computing kill ratios and megadeaths to poverty policy, new ideas for preventing and fighting crime, plans for revamping schools, and designing social service delivery systems.

Increasingly, the analyses by these "shadow governments" are being done for the federal government and governments of cities and states, and if the techniques are interchangeable from terror to therapy, so too are the people. Rand Corporation men have filled high posts in HEW, the Bureau of the Budget, and elsewhere. William Gorham, one of the systems "whiz kids," brought to the Pentagon from Rand, went on to become an Assistant Secretary of HEW and then president of the Urban Institute. In the Washington area alone, a host of defense-oriented firms has pushed into the medical and biosciences, "health delivery" and "urban problem-solving." During the war on poverty, while the poor mostly remained poor, over a hundred companies special-

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[10] Lawrence E. Lessing, "Systems Engineering Invades the City," *Fortune,* January, 1968, pp. 155–57, 217–22.

ized in some form of research, study, analysis, or evaluation of
the poor and various government programs. Also part of the new
macrosystem are corporation presidents like Roy Ash of scandal-
ridden Litton Industries, recently appointed head of the federal
Office of Management and Budget. Shuttling from the military
to "urban problem-solving" are retired officers like General Ber-
nard A. Schriever who in 1967 put together a consortium includ-
ing Aeroject General, American Cement, Control Data, Emerson
Electric, Lockheed, Northrop, and Raytheon. What the Penta-
gon had done for weapons systems, these private firms would do
for urban problems. Of this, *Fortune* said; "The Consortium
would not only offer federal, state and local governments a capa-
bility to solve their problems, but it would also manage the exe-
cution of their problems on a contract basis, supervising their
completion down to the last rivet." [11]

Nakedly revealed here is the far-flung extension of the tech-
niques of control, the essentially authoritarian ethos, and the
iron circle of large-scale institutions "down to the last rivet."
This is not to indict all social technologies but to direct atten-
tion to their dual-sided character. No doubt, the technician in-
tends the benefit of man, but his consciousness is truncated and
his conception of society is naïve. The technician believes that
technology is subordinate to man, and like Skinner, he argues
for a technology of behavior, not to enslave man but for the sur-
vival of the species. But he looks at techniques in isolation, and
while he blithely speaks of "systems," he ignores the whole com-
plex of technique—all of the action exerted on man without
letup: psychosurgery; bioengineering and gentic engineering;
educational and morale-building techniques; opinion-shaping
and political techniques; techniques for creating models of prob-
lems; techniques and strategies for individual and group inter-
vention; techniques for relieving personal unhappiness and in-
terpersonal tensions; techniques for exercising leadership over
people; techniques for administering "personnel"; and the Skin-
nerian revolution and behavior modification techniques. Each of

[11] *Ibid.* p. 222.

these has utility. But we are obliged to consider each as part of a converging complex and we are obliged also to understand the economic, political, and military origins of many of these techniques. Only then is it possible to discern that the encirclement of man is closely associated with an antilibertarian, antihumanistic ethos—the ethos of control, efficiency, predictability, and uniformity associated with the production line and the military. And it is this mentality which has infiltrated the humane professions.

The industrial-military-production model of the organization, in fact, monopolizes our imagination and consciousness, and with its conquest is the hypnotic acceptance of the product-management-efficiency ethos. "Better Management, Better Results," says the United Way of America, lauding PPBS, Rand, and the "science" of management developed in the Defense Department. But notwithstanding the colossal failures of management science, program budgeting, cost effectiveness, and input-output analysis, such techniques extend their dominion in the government, in voluntary welfare institutions, in educational planning, in almost all graduate curricula in social work, health planning, urban planning, and public management. Coupled with this technological convergence of liberal managerialism is the iron determination to measure the "inputs" and the "outputs" of welfare organizations and to derive "hard" measures of effectiveness. Then when the studies show lack of program effectiveness, additional technologies are applied. And so another round begins: more attempts made to apply better management controls; attempts to specify routine and procedure; emphasis laid on clarity and specificity of outcomes and the intended consequences of technology; more information systems required; program-monitoring techniques proliferated, and so on endlessly. Added to this is a spectacular paradox: never before has a society possessed so many techniques of "rational" social action—administrative techniques, fiscal and budgetary techniques, planning techniques, evaluation and monitoring techniques, information system techniques, and others—yet the more these techniques proliferate, the more irrational the whole system becomes.

In the end, with no other vision of organizations than the assembly line, technical domination is complete. We have so ensnared ourselves that the double-edged sword of technology we willingly accepted is now turned against us to carve up and gut so many hard-won social welfare programs. The programs do not work, it is said, and must be managed more efficiently and with a better eye to cost-effectiveness. What a fantastic irony—the convergence between liberal managerialism and the conservative counterreformation currently in progress.

Every age has a paradigm, a road map of reality which defines problems and solutions to problems. In *The Republic* Plato chose a political solution; St. Augustine in *The City of God* chose a religious one. The economic-industrial mode was a major paradigm of the nineteenth century, while the emerging solution in the second half of the twentieth century grafts a scientific-technical paradigm onto the economic mode. The result is "advanced" or postindustrial capitalism, a paradigm which is already well-entrenched at the intersections of culture and social structure, of character and ideology. Now we live in the steely world of "target behaviors" and "target populations." Helping organizations are now "people-processing organizations"; clients are the raw materials to be worked on; staff are "inputs." They engage in a transformation process, working on the raw material to produce certain organizational "outputs" which must be evaluated and monitored. Our language is the language of lethal alienation and domination, but almost hypnotically, the language is closed, locked against politics and debate, immunizing itself against history and human experience. Man has become a thing in a syntax of alienation but so banal is the new despotism that it requires no overt terror, no concentration camp or slavemaster's whip. Man is simply canceled out by means—the ring of techniques which in the end are nothing more than an ensemble of means.

What is ultimately needed is a more rational rationality, a rationality which centers on social purposes, preferences, and ends, a rationality which explodes the systems of technical convergence and total administration. Rationality must be rescued from

its equation with science, technology, and economic models. Let us re-revive the ancient concern for the best form of polity. Let us invent new forms of humanistic planning, freeing ourselves for imaginative and speculative undertakings, inventing human, organic systems over against the domination of postindustrial capitalism. Otherwise, the greater likelihood, the one already etched, is a system which is technically radical but politically conservative and antihistorical. Indeed, if politics in its larger sense is the quest for a better vision and a more enlightened polity, our system today expunges politics and history, dissolving them in technique, dissociating consciousness from time and memory, for only they reveal our hopes and dreams and pains. Once this is fully achieved, the domination which is now in the making will be complete.

Innovation and Accountability: Toward a Tandem Relationship in Administration

RICHARD STERNE

THE RECENT UPSURGE of innovative social service programs stems from both a commitment to solve social problems and a recognition that their volume and scope have not been abated. Their persistence testifies to the inadequacy of existing social service delivery concepts and creates a demand for new approaches and new hope: innovation is often the "flip side" of despair. While progress is undeniably linked to innovation, it is not assured by innovation alone. From an historical perspective, every program replaced by a new alternative was at one time an innovative social experiment—one which failed to live up to its promise.

This vulnerability is a natural outgrowth of the commonly hazardous conditions under which social programs are conceived, funded, implemented, monitored, and evaluated.[1] Program support is often secured by making inherently unattainable claims regarding potential social impact. Sociopolitical pressures often motivate funding bodies initially to support such programs because their needs coincide with the promised social

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[1] For more detailed discussions of the problems facing social programs, see Francis Caro, ed., *Readings in Evaluation Research* (New York: Russell Sage Foundation, 1971); Peter Rossi and Walter Williams, eds., *Evaluating Social Programs* (New York: Seminar Press, 1972); Edward Suchman, *Evaluative Research* (New York: Russell Sage Foundation, 1967); Carol Weiss, *Evaluating Action Programs* (Boston: Allyn and Bacon, 1972).

consequences. These programs, therefore, are immediately vul-
nerable when the first dollar is accepted. Program concepts and
their purported effects are, in fact, highly speculative paper com-
mitments that have not been tested against reality. When pro-
posed innovations are transformed into operational programs,
they are threatened on a number of grounds. The program in-
puts may not be realizable because of weaknesses in the original
conception: the inability of the staff fully to integrate the pre-
scribed service delivery model into their behavior; internal orga-
nizational constraints that develop; the unpredictability of re-
sponses from both the client population to be served and other
community agencies upon which the new service may depend;
and the failure to identify and control unintended positive and
negative effects that accompany any innovative delivery system.[2]
Monitoring program inputs and evaluating the program's effects
tend to be conducted in unsystematic ways, based upon subjec-
tive, internal, spontaneous, and selective observations of limited
scope. Such internal assessments are easily biased toward sup-
porting organizational goals to the neglect of programmatic
weaknesses.

While these hazards cannot be avoided, they can be dealt with
effectively by instituting accountable procedures that will help
to insure the proper monitoring of programs throughout their
developmental life cycle. The essence of accountability is that it
is a public process which systematically reveals the extent to
which social programs are fulfilling their public charge. This
charge is to demonstrate ultimately that the services are produc-
ing economic, psychological, and social effects that are signifi-
cant improvements over the usual method of dealing with prob-
lems *and* that these positive effects are reasonably attributable to
the program inputs.[3] It is on these bases that service systems
make warrantable claims for societal resources and continuing

[2] Case studies illustrating these points include Anthony Graziano, "Clinical In-
novation and the Mental Health Power Structure," *American Psychologist*, XXIV,
No. 1 (1969), 10–18; David Kershaw, "A Negative-Income-Tax Experiment," *Scien-
tific American*, CCXXVII, No. 4 (1972), 19–25.
[3] Positive effects would also include the prevention of decrements in
functioning.

support.[4] Until recently, measures of effort, efficiency, and output have sufficed as spurious indicators of program effectiveness, usually supported by testimonials. These criteria no longer provide compelling evidence to the increasingly sophisticated legislative bodies, funding agencies, and general public who are demanding that service systems publicly, systematically, and objectively demonstrate that problems are being ameliorated if not solved in the face of sizable expenditures for social programs. While these pressures for public accountability are often politically and economically motivated, they nevertheless represent a valid principle: in accepting funds from any source, service agencies impose upon themselves the stringent standard of effectiveness to which all standards of accountability ultimately refer.[5]

Service systems delivering innovative programs, however, are never accountable in a final sense, since needs, values, target populations, and social conditions undergo continual transformations, as does the program concept and the method of delivery. In addition, accountability is always partial and selective because total systems of service and their complex ramifications can never be fully evaluated due to economic, conceptual, and methodological limitations. Also, standards of effectiveness vary with the particular stage of program development.

Despite the methodological limitations of evaluative research, well-conducted studies can produce useful information that can —and should—be utilized to improve the administration of innovative programs and reduce their inherent risks. The evaluation process is the core of all rational planning and decision-making processes.

[4] Herman Stein *et al.*, "Assessing Social Agency Effectiveness: a Goal Model," *Welfare in Review*, VI, No. ∎ (1968), 13–18.

[5] Weiss and Rein aptly point out that not all social programs should be subjected immediately to tests of effectiveness, particularly during the demonstration phase when the consequences of a successful program may not yet be known. This phase, however, is only transitory, and any program that survives long enough must be able to withstand the test of effectiveness. Robert Weiss and Martin Rein, "The Evaluation of Broad-Aim Programs: a Cautionary Case and a Moral," in Caro, *op. cit.*, pp. 287–96.

BLOCKAGES TO ACCOUNTABILITY

It is remarkable that for over fifty years there have been repeated appeals for the assessment of social experiments, and yet the evaluation process remains largely alien to program management.[6] The reasons are legion, but some of the more salient, interrelated factors are, briefly:

Unclear objectives. The clarity of an objective rests upon its ability to be operationalized and measured. Ideas such as improving the social functioning of clients, promoting adjustment, improving coping capacities, or modifying the environment are central to most innovative programs, yet lack common meaning. With improved functioning, one may think in terms of absence of symptoms, emotional stability, individual productivity, and the lack of problematic behavior among other possible interpretations. Without further specification, these concepts remain largely jargon with indeterminable effects. Somehow we have escaped being forced into translating these goals into operational, behavioral terms, but that time has now passed. This translation rests upon the complex process of definition, which is a conceptual problem. All concepts can be defined and operationalized in some measurable terms, although the adequacy and utility of definitions will vary considerably with our current state of knowledge. Any definition or criterion is at least a starting point for refinement and increased precision.

Process emphasis. Commitment to the provision of service in the absence of clearly formulated, potentially measurable objectives has resulted in undue emphasis on the process of service delivery rather than its products. The provision of work-training programs, financial assistance, psychological support, the development of insight, and the enhancement of communication skills are all directed toward implied goals having social and behavioral consequences. While methods are related to achievement, engaging in the "correct" processes is easily confused with

[6] Mary Jarrett, "The Need for Research in Social Case Work by Experienced Social Workers Who Are Themselves Doing the Case Work," *Journal of Social Forces*, III, No. 4 (1925), 1–2.

the attainment of results and offers a false reassurance of accomplishment that blocks further inquiry.

The service ideology. As Greenwood points out, the social work profession "considers that the service is a social good and that community welfare would be immeasurably impaired by its absence." [7] As a consequence of this built-in validity assumption, funds that might have been channeled into evaluative efforts are readily utilized to meet service priorities. Consideration is never given to the real possibility that the innovative program is having minimal or no impact, and may be having a negative effect upon a significant segment of the client population. The opposite is always assumed.

Aversion to failure. Despite professional optimism and well-intentioned objectives, every innovative program is actuarially doomed to some degree of failure. The consequences of intervening in highly complex and uncontrolled social processes can be predicted to a limited extent only. For some people under some conditions the program will fail, but that is not the problem. The problem is that administrators and line staff do not conceive of failure as an integral part of their concept of service delivery and, consequently, are not prepared to make systematic determinations of its causes and consequences so that it can be better predicted and, therefore, limited. The only way that the success rate of an innovative program can be improved is through a reduction in the failure rate.

Professional role definition. The conduct of evaluative research is rarely integrated into the professional role definition of both practitioners and administrators. While neither openly denies the value of such inquiry, the budgets and activities of agency personnel reveal that the commitment is at best superficial, at worst nonexistent. The paucity of agency-based research also reflects the position of the schools that train professional personnel: research has been a credit and status requirement which has had little relevance to the requirements of either the school or the agency. Professional responsibility does not usually

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[7] Ernest Greenwood, "Attributes of a Profession," *Social Work*, II, No. 3 (1957), 44–55.

encompass evaluative research, with the result that agency personnel view research as an outside interference, a threat, a disruption of, and constraint on, activity, a conflict of interest, a waste of time, but rarely as a viable tool for improving service delivery methods or outcomes.

Funding problems. Accountability costs money! A budget line for evaluation is always the most difficult to secure and the first to be cut when a program is under financial pressure. Without a *continuing* financial commitment to evaluation by program administrators, any research will be sporadic, fragmentary, and of limited value.

Manpower vacuum. Given the preceding conditions, it is not surprising to find that the human service professions generally possess a weak capability for engaging in program evaluation. There are few opportunities to attract interested and capable professionals to the field. When they do exist they often encompass only bookkeeping rather than evaluative functions. The rare evaluative role casts the researcher in an ambiguous and unattractive position as an outsider and a threat to the organization supporting him.

Irrelevant researchers. It is unfortunately not uncommon for researchers who do engage in evaluation to render their role useless to program management by taking an academic and wholly theoretical view of the problems to be solved. Rather than being primarily oriented to issues of policy, planning, and practice, their own interests lead them to produce evaluations that are esoteric, voluminous, highly technical, and too protracted to be of any immediate use. This situation does not reflect the incompetence of the researchers but rather an abdication of responsibility by the administrative and professional staff to make a significant, directional input into the evaluation process. They often fail to specify to the researcher what they need to determine.

TOWARD A TANDEM RELATIONSHIP

Innovations are goal-oriented speculations which in the past have not been examined systematically. Small- and large-scale

changes have been made in service delivery systems guided by hope and optimism rather than by adequate empirical and theoretical knowledge. The results have often been disastrous failures of immense cost to all concerned. This social drift in attempting to deal effectively with societal problems is likely to continue indefinitely unless there is a more intimate linkage between the management of innovative sysems and accountability based on program monitoring and effectiveness.

Blockages to the utilization of evaluation research have been identified. Their resolution is readily apparent. A commitment based on mutual understanding of functions and shared organizational and service goals is required in an atmosphere of "honest, enlightened, and outspoken realism." [8] This realism is founded upon the understanding that accountability, innovative service delivery systems, and their attainable objectives are relatively unstable conditions requiring continual evaluation in light of changing knowledge and value considerations. Moreover, the threat to program survival comes not from the utilization of accountable procedures but rather from their absence. Along with removal of the blockages to evaluation, this understanding is a critical requirement for a rapprochement between program management and evaluation. Only then can a viable tandem relationship emerge that reflects a joint effort toward shared objectives in which the administrators and staff serve as research consultants and researchers function as administrative consultants. The researcher needs consultation in order better to understand the complex dimensions and objectives of the program, and the administrator needs the informational feedback about how his program is functioning.

To maximize its relevance and utility, accountability-oriented research should be directed toward the following critical aspects of any innovative program:

1. *Specification and precise operationalization, preferably in measurable terms, of the program inputs.* These inputs purport

[8] Elizabeth Herzog, *Some Guidelines for Evaluative Research* (Washington, D.C.: U.S. Government Printing Office, 1959), p. 94.

to be the factors that bring about positive change.[9] Common points for assessment include a determination of whether services were: (*a*) offered frequently enough to bring about the effects sought; (*b*) intense enough to have an impact; (*c*) of high enough quality to warrant an expectation of effects; (*d*) operationalized in keeping with the program design; and (*e*) of sufficient duration to have had an impact.

2. *Determination in measurable terms of the differential effects that are expected consequences of program inputs at each stage of the program's development.* Subsequent levels of program objectives may never be realized if preceding program objectives have not been attained, for innovative programs always involve a chain of goals.[10] Broadly, the first stage might be at the level of program contact and implementation. Here one would investigate factors promoting or retarding treatment. Client attraction to the program, and their satisfaction and continuance would be reasonable indicators of effectiveness at this level. The second stage of evaluation would deal with effectiveness of the program after it has achieved at least some stated program goals. At this level, evaluation would depend on the effects predicted by the program inputs and on the adequacy with which the program has been implemented through its preceding stages. A third stage would involve a follow-up of postintervention effects, assessing the durability of the outcomes and the longer range intended and unintended consequences of the program.

3. *Control of antecedent and intervening variables.* The task of demonstrating accountability and payoff of services would be a simple matter if only a determination of effects need be made. The complicating problem is that changes can occur in client

[9] The concept of causation has plagued philosophers for centuries, and we have no compelling answers to questions about whether causes are "real" and determinable. The point is that all interventive action is necessarily based on a cause-effect model—action produces change—and that such thinking is a useful heuristic device.

[10] For example, if children in a Head Start program do not learn very much during their preschool experiences, it is questionable whether continuing the program at the primary level will be of full benefit to them.

systems independent of program inputs, due to uncontrolled an-
tecedent and intervening variables. These events are causal alter-
natives for explaining outcomes and may raise serious questions
about the value of the program for producing positive changes.
Controlling for these competing explanations is basically a prob-
lem of research design, especially in the establishment of suit-
able control or comparison groups.[11] Utilizing such designs
usually involves the manipulation or withholding of service,
which is often not a serious administrative and ethical problem
so long as one is not fallaciously committed to the service ideol-
ogy.

4. *Determination of unintended effects.* Every purposive
human service program may produce both desirable and unde-
sirable unanticipated consequences at every level of its objec-
tives. This occurs because social and psychological phenomena
are so complex and interrelated that it is virtually impossible to
know in advance all the systemic consequences of change that
will result from an innovative program. Through early and con-
tinuous evaluation these unintended effects can be brought
under conscious control so that negative effects can be mini-
mized and positive effects incorporated into a reformulation of
program objectives.[12]

Other accountability-related functions of the evaluation pro-
cess could include: (*a*) the determination of the adequacy of pro-
gram coverage; that is, the ratio of needs met by the program
relative to the needs of the total population; (*b*) the analysis of
process in an attempt to determine why the elements of the ser-
vice program produce certain effects, which is a particularly use-
ful procedure when failure rates are high and when enhanced
theoretical understanding of practice effects is sought; and (*c*)

[11] See Donald Campbell and J. C. Stanley, "Experimental and Quasi-experimen-
tal Designs for Research on Teaching," in N. L. Gage, ed., *Handbook of Research
on Teaching* (Chicago: Rand McNally Co., 1963), pp. 171–246, for a comprehen-
sive coverage of questions and answers to research design problems. Briefer
coverages will be found in the books cited in the first footnote.

[12] Strictly speaking, positive unintended program effects are not legitimate cri-
teria for justifying the worth of a program at the point of discovery since this is a
post hoc analysis. These effects, however, may be legitimately incorporated into a
reformulation of future objectives.

the determination of the efficiency of the program, which can be analyzed in three different ways—the ratio of goal attainment to the resources expended, the optimal level of program input relative to the program's impact (efficiency curve), and comparative efficiency (the relative cost of alternative service delivery models in order to achieve similar levels of objectives).

Finally, the accountability of innovative programs cannot be adequately established unless the findings of the inquiries are utilized by being rationally incorporated into policy and planning decisions about the program. It is often said that the road to inaction is paved with research reports; partly this is a function of researchers' inability to link their findings suitably to relevant questions of policy and practice, and partly this is a function of administrative and staff noncommitment to change based on the research. The problem of utilization can be solved to some extent by preplanning the uses of a range of possible research findings to the mutual satisfaction of the participants. The range of outcomes is limited: The results may conform to expectations. The results may be the opposite of what is expected. No meaningful results may be obtained at all. The results may be a combination of all these factors. Program and policy implications for each of these contingencies should be examined in advance, and unless satisfactorily negotiated, further evaluation will prove to be an empty process.

Evaluation is central to every phase of development of innovative programs. It must be a collaborative effort with management. No one has all the answers, but through a mutual sharing of specialized knowledge and skills better answers can be found for the central issues confronting an organization gambling on new modalities of problem-solving. Out of this tandem relationship more effective and durable programs can emerge with a minimum of economic waste, futile activity, and broken promises.

Information Utilization in Human Service Management

GREGORY M. ST. L. O'BRIEN

Planning, priority-setting, and funding of a wide range of human service programs have increasingly become the responsibility of local coordinating groups and organizations. Whether this trend marks the retreat of the federal sector from its role in the provision of services (with an even sharper reduction in federal funding to follow) or merely a decentralization of decision-making to the potentially more sensitive local level, the thrust of this responsibility still falls heavily on local groups and organizations.

The movement to decentralize decison-making has also been accompanied by a far sharper demand for accountability. When public funds for social or mental health services or the resources of a United Way campaign are being distributed, the public wants to know what has been done with the money it has provided and what this money has accomplished.

As the key decision-makers for specific areas of service provision, members of comprehensive health-planning organizations, community mental health and retardation boards, area manpower planning councils, and health and welfare councils all face increasing responsibilities. To execute these responsibilities, decision-makers at local levels require considerable information related to allocation and budgeting, need assessment and priority-setting, technical assistance, and feedback, as well as long-range planning. Specific requirements will, of course, differ depending upon the decision-maker (a governing board, a plan-

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ning staff, or a service agency executive) and the particular type of decision. With the rapid development of computer technology and the demand for extensive state and federal statistical reporting, large volumes of data about services and expenditures have been produced at local levels. The decision-maker, however, often is in the awkward position of having too much information which apparently does not relate to decisions he has to make. Likewise, the decision-maker may have too little information which could help him make these decisions.

New approaches to planning, evaluation, monitoring, and allocation are necessary if the transition to local-level decision-making is to become a source of greater sensitivity and effectiveness in the provision of services. If local-level decision-makers (both professional and lay people) wish to emphasize the human values underlying their service efforts, it is even more critical that management tools be available which allow the value orientations of the decision-maker to be felt in planning any decisions in regard to allocations.

The specific methodology for providing local-level decision-makers with information truly relevant to their decision processes, which we call a "decision-support system" seeks to provide relevant information concerning program outcome evaluation, need assessment, allocation and budgeting, technical assistance for local agencies, and long-range planning. Information can be presented in forms useful at different levels with different purposes.

Certain factors may help to differentiate this approach from other information-oriented quantitative approaches to planning, management, and resource allocation. Major questions are: How are decisions made and what factors are considered at local levels? How can and should information systems be utilized in local-level decision-making? What are the current barriers to utilization of information systems?

DECISION-MAKING AT LOCAL LEVELS

Research on interorganizational and community decision-making processes has repeatedly pointed out a variety of factors beyond a programmatic effectiveness and efficiency which can

and must influence decisions at all levels of policy and pro-
gram implementation. Factors of organizational interests, politi-
cal concerns, value dispositions, organizational management and
personnel capacities, and differential perceptions of community
need all impinge upon decision-making processes of policy-
makers, planners, and service deliverers.

Howland [1] emphasizes three different levels of decision-
making to be considered in any human services system: (1) the
strategic level, concerned with policy formulation, goal-setting,
and resource allocation; (2) the operational level, concerned with
implementation of the programmatic components which have
been developed to operationalize strategic-level policy; and (3)
the tactical level, concerned with the constant monitoring of ser-
vice delivery activities and the maintenance of an organization
and of a staff "on the firing line" to deliver services.

A considerable variety of organizational patterns and struc-
tures has emerged in local areas for making decisions at all
three levels. The particular structure derived depends largely
upon factors such as composition of the group, local conditions,
the type of service being planned, and, particularly, the existing
pattern of linkages among service agencies. Other factors which
can affect the resultant structure for planning in a particular ser-
vice area include the source of funds, legal and fiscal require-
ments, community support for the particular type of service, and
so forth.

Whether the structure is a quasi-governmental metropolitan
commission for the aging, a regional community mental health
planning board, or a multi-agency service delivery consortium,
there still exists considerable similarity among the organizations
with respect to types of decisions they make. Also, despite the va-
riety of decision-making structures, the factors considered in
decision-making will be markedly similar from one locale to
another, differing largely in the weight assigned to various fac-
tors in a given locality.

[1] D. Howland, "Toward a Community Health System Model," in A. Sheldon, F.
Baker, and C. McLaughlin, eds., *Systems and Medical Care* (Cambridge, Mass.:
Massachusetts Institute of Technology Press, 1970).

Strategic-level decisions. In order to formulate a local plan for services, an over-all policy-making function must be carried out. Usually, this function rests with the local advisory or governing board. Such boards carry three core areas of responsibility in formulating goals and objectives for local health, mental health, or other human services delivery systems. These responsibilities center on priority-setting, resource allocation, and evaluation.

As a bridge between the professional service delivery system and the broader community which the system seeks to serve, this advisory or governing board also brings to bear considerations which must affect policy from both outside and inside the network of service deliverers in the community. Boards must be differentially sensitive both to internal and external constituencies and to the influence and information they can provide.

Among the factors which must be considered in examining decision-making by community boards are: (1) the composition of the board (number of professionals versus lay people, whether the board is politically appointed, and so forth); (2) the value dispositions and organizationl loyalties which board members bring to their positions; [2] and (3) the differential perceptions of community needs and priorities which board members have available to them.[3] Although programmatic factors of effectiveness and efficiency of service are very important considerations in the formulation of strategic-level decisions, need priorities and organizational factors weigh heavily in the decision.

Operational-level decisions. The principal tasks and responsibilities which face the central office staffs of planning agencies focus upon policy implementation, program planning, and monitoring. Here, primary considerations in decision-making relate to service delivery. Are contracted services being delivered? Are they being delivered according to plan? Are there gaps in the total pattern of services for which new services must be stimulated?

[2] J. Senor, "Another Look at Executive-Board Relationships," *Social Work*, VIII, No. 8 (1963), 19–25.

[3] G. O'Brien, "Interorganizational Relations: Perspectives for the Mental Health Administrator," in S. Feldman, ed., *The Administration of Mental Health Services* (Springfield, Ill.: Thomas; in press).

To fulfill their roles as resources for technical assistance and consultation with agencies, and to be able to make useful and meaningful suggestions regarding allocation and policy implementation, the operating-level staff must consider a variety of organizational, interorganizational, and personnel factors which limit the ability of agencies to deliver effective services. Among these factors are organizational linkages and influence patterns, agency management capacity, organizational ideology, and the perception of community needs by different parties in the delivery system.[4]

Tactical-level decisions. At the level where services are actually being delivered to clients, the first concern for administrators and staff is how well those services are delivered. The quantity of services and the impact of those services are the principal indicators in which a service delivery agency needs feedback. In order to utilize and respond to program-related feedback, an administrator must have at his disposal a variety of other data. Specific factors, such as staff member orientations to treatment [5] and group support for organizational changes, have received attention as factors which affect an organization's ability to modify its service delivery patterns.[6] Social factors, such as organizational structure and internal communication patterns, linkages with other community care givers, staff perceptions of organizational goals and objectives, and staff satisfaction also impinge on an organization's ability to change.

Different aspects of the range of factors which decision-makers at strategic operational and tactical levels must consider may play a dominant role in one type of decision while other aspects are more important at other times and in other decisions. When programmatic factors (objectives in service delivery patterns), organizational factors (staff ideology and organizational capacity),

[4] J. Turner, "Forgotten: Mezzosystem Intervention," in E. Mullen *et al.*, eds., *Evaluation of Social Intervention* (San Francisco: Jossey-Bass, 1972).

[5] F. Baker, "An Open Systems Approach to the Study of the Mental Hospital in Transition," *Community Mental Health Journal*, V (1969), 403–11.

[6] G. O'Brien, A. Sheldon, and S. G. Willard, "Personal Reaction to Organizational Change: Some Propositions and a Case Study of Mental Hospital Decentralization," *Mental Hygiene*, LVI (1972), 105–16.

and community factors (priorities and need perceptions) are all to be considered, more complex information reporting and analysis mechanisms are needed.

INFORMATION SYSTEMS IN HUMAN SERVICES MANAGEMENT

Despite the great potential for information systems technology in monitoring and planning, little use has been made of it in the human services. Recent attempts to develop comprehensive information systems for service or planning agencies have often ended in frustration.

The introduction of the system is often accompanied by resistance on the part of agency staff. The new system is alternatively viewed as an unncecessary burden of collecting and reporting useless information, a dehumanization of the process of helping other people, or an encroachment on the professional's domain. The real difficulty lies not in the technology of information systems or in the hardheartedness of those who work with such systems. Problems stem from the way systems are developed. First, when designing an information system, there is an understandable tendency to computerize information based on what is computerizable rather than on what information is needed.[7] In the absence of a clear framework to show how this system is to serve decision-makers, the available and quantitative information (most often client processing counts) becomes the core of the information system.

Other problems relate to the nonusability of the output. Often information systems are a bit overzealous in turning out data. The decision-maker may ask what seems to him a straightforward question and be inundated with reams of printout which go into detail on the life history of the question he asked, and of those persons who have asked the question before him. What is missing is an appropriate meshing of the output of information systems with decision-linked inquiry. At the other extreme, many sophisticated information systems attempt, without intent, to make decisions for the decision-maker. Again, both the

[7] A. M. Rivlin, *Systematic Thinking for Social Action* (Washington, D.C.: Brookings Institution, 1971).

decision-maker and the information system specialist are over-zealous in their desire to have "the machine" do as much as possible. However, the problem lies both in the complexity of decisions which are made in the value-laden, politically and emotionally charged arena of human services policy and in the trust placed in the individual decision-maker's reponsibility and accountability.

To the extent that an information system proposes one specific alternative which the decision-maker should pick from among a set of available choices, the system may contain the seeds of its own destruction. When an alternative choice (for example, a particular ranking of services for funding) proposed by the information system is inconsistent with the judgment of the decision-maker, he may reject his own decision or that proposed by the system.[8] The more often he must meet this type of situation, the less and less creditable (and hence the less usable) the information system becomes as a tool for him. The use of multiple indicators (a small number of relevant ones) recognizes the latitude which a decision-maker must have in using information as a support for execution of his responsibilities.

USABLE AND RELEVANT SYSTEMS

At the same time that such difficulties are encountered, the need for truly usable and relevant information systems increases. Such a system must respond both to a diversity of purposes for its use (in response to different types of decision-making levels) and to a diversity of information needs across those levels.

The movement toward management by objectives and related techniques in human services planning, typified by the development of the goal-oriented social service system, illustrates quite clearly the impact of additional types of data on the decision-maker. An experience with the implementation of a goal-attainment approach is described by Walker [9] in the context of a man-

[8] L. R. Sayles and M. K. Chandler, *Managing Large Systems* (New York: Harper & Row, 1971).
[9] R. A. Walker, "The Ninth Panacea: Program Evaluation," *Evaluation*, I, (1972), 45–53.

power program. He states his conviction that process-oriented data (information regarding the activities in which service providers engage) are not a critical element in a goal-attainment system. When the role of program evaluation became one of suggesting ways to improve the effectiveness of a program rather than merely documenting its impact, Walker points out, there had to be a reexamination of organizational, communication, and service delivery patterns as tools for diagnosis.

Here we are beginning to see the development of a more comprehensive and multipurposed information system. The first component of Walker's goal-attainment model is evaluation. These evaluative data are used in decisions of allocation and in the identification of programs in which reinforcement is somehow needed. By adding the dimension of process data, the goal-attainment approach has secondary use as a tool in consultation with agencies. The information being reviewed by decision-makers here is beginning to take on different dimensions, depending upon the kind of decision (allocation vs. technical assistance) which is under consideration.

A study of agencies in the Jewish Community Federation (JCF) of Cleveland [10] has focused on a variety of factors relevant not only to service outcome assessment and service programming, but also to the progress of this human services system. Value assumptions, priorities of members of the Jewish community, uniqueness of service programs, the use of volunteers, contribution to the visibility of the federated system of services, were all among the less quantitative and less programmatic factors which had to be considered in making allocation decisions at the central level. The JCF allocation systems model incorporated these factors because policy-makers, planners, and service deliverers indicated that these factors do, in fact, impinge upon their decision processes.

[10] A. L. Service, S. J. Mantel, Jr., and A. Reisman, "Systems Analysis and Social Welfare Planning: a Case Study," in M. Mesarovic and A. Reisman, eds., *Systems Approach and the City* (Amsterdam, Holland: North-Holland Publishing Co., 1972).

The JCF study parallels the work of Walker in that its emphasis is on the presentation of a wide variety of programmatic and nonprogrammatic factors which impinge upon decision-making. It also emphasizes the use of multiple indicators in such a way that policy board members are not locked into positions in which they must reject either their own opinions or the recommendations of the information system, thus decreasing the credibility of that system in the long run.

THE DECISION-SUPPORT SYSTEM

Since its inception in 1969 the Human Services Design Laboratory at Case Western Reserve University has been involved in the development of systems for program evaluation, monitoring, and reporting that can be tools for better management in a variety of human service systems. Drawing both on systems analysis-operations research specialists and on professionals with experience in human services planning and decision-making, the laboratory has developed the concept of a decision-support system (DSS). This effort, like those of Walker and the JCF study, makes certain assumptions about the form of useful information systems. Such systems must have the capacity for:

1. Presentation of data relevant to the decisions which individuals in the system of agencies have to make
2. Use of different types of data for different types of decisions within the system of service
3. Presentation of information in forms which are usable by both lay and professional decision-makers
4. Reduction of the data to a small set of indicators, but not to a single indicator, so that the system does not impinge upon the role and responsibility of decision-makers to make the final choice among viable alternatives.

The DSS builds on two attempts of the laboratory to develop information systems consistent with these assumptions. The laboratory is currently involved with the Greater Cleveland Neighborhood Centers Association (GCNCA) and with the Cuyahoga County Community Mental Health and Retardation Board

(CMHRB) in preliminary studies for the development of decision-relevant information, evaluation, and reporting systems for metropolitan area planning, resource allocation, and coordinating agencies.

To date, there have been two purposes in our studies. The first has been to identify the conditions necessary for an information system to be accepted and utilized and to be a real help in the decision-making process. This aspect of our study seeks to identify the necessary conditions for the development and implementation of a DSS. The second has been to identify the areas of information which decision-makers actually need at tactical, operational, and strategic levels.

Underlying assumptions. The first questions we pursued with CMHRB encompassed its expressed concerns and thoughts regarding the characteristics of an information system which could be really suppportive of decision-making. Discussion with the planning agency board and staff and with the staffs of contract agencies resulted in the delineation of nine conditions which would underlie the acceptance, utilization, and decision-relevance of an information and reporting system. These conditions parallel many of the concerns expressed in the literature about decision-making problems in mental health services and the ineffectiveness of information systems in dealing with these problems.

Five conditions related to service agency (tactical level) acceptance and utilization of the DDS:

1. The information collected must be really used—not just collected and forgotten.

A system which will gather decision-relevant information that will actually be used in decision-making and planning will get the support of agencies. If such a system also reduces the amount of time spent on data gathering and reporting, it should be received even more favorably.

2. Evaluation of programs must focus both on outcome of service and on processes of service delivery.

An evaluation system which examines only the accomplish-

ments of a service program would be inadequate as a tool for operational-level consultation with agencies on how to increase effectiveness. Moreover, its use would require too sudden a change of perspective for most agencies.

3. One must set realistic expectations for short-range objectives.

The system cannot reward the setting of unrealistically high objectives and the delivery of relatively low performance. This implies that the importance of priority of accomplishing a particular objective must be weighed against the likelihood that the agency will actually achieve that objective.

4. The system should help to clarify for operational and strategic as well as tactical levels the social, value, personnel, ideological, and fiscal constraints under which programs must be operated.

An essential element of a useful information system is that it be able to make clear and explicit information concerning factors which foster or hinder the achievement of program objectives.

5. In high-priority areas, the system should allow for the development of demonstration or experimental programs for which expectations must be modified.

A system of decision-relevant information must be able to consider explicitly the experimental nature of new program efforts that agencies are encouraged to pursue.

Paralleling these conditions are four which must be satisfied if the information is to satisfy the needs of the operational- and strategic-level decision-makers:

6. The system must provide information relevant to individual programs in a form suitable to different types of programs and agencies.

Measures of program success or efficiency must be collected and presented in ways that relate specifically to the type of program being conducted and are understandable by the tactical-level staff. Some more universal language for describing success across a wider range of programs is needed for strategic- and operational-level decision-makers.

7. The system must provide data for planning purposes.

A realistic information system must permit a focus on the planning of a total pattern of mental health services for the service area and must also provide data for external reporting regarding that pattern.

8. The system cannot make decisions. It must support decision-making by those who are responsible for it.

The information system should rely upon multiple indicators which not only allow responsible decision-makers the latitude they need to consider various constraints, but also permit the information to be used for more than one purpose.

9. The system must provide information for setting priorities and documenting service needs.

The information system must provide the means for systematic collection and display of priority and service need data. This will permit the determination of community priorities and documentation of the needs of the community, both for internal use and for presentation to outside groups.

If these nine conditions can be met, it will be possible to develop a system for information reporting which can be truly helpful for decision-making at all levels.

INITIAL DSS DEVELOPMENT

Based on the fact that these conditions have been agreed to by all parties in the CMHRB, we are now in the early stages of developing a prototype DSS for use with that network of mental health agencies. As we have developed the conceptualization of the DSS thus far, we have identified a number of functions which it should be able to serve at the local planning level.

Uses of the DSS. From the point of view of the board (strategic level), the system ought to be designed to support its program selection and planning decisions. From the point of view of funded agencies, this system ought to allow them to present a "fair" picture of themselves to the board, to carry out necessary self-evaluation and planning processes, and also to serve as a vehicle for providing decision-relevant inputs to the board.

In practice, it is likely that the information produced by the

DSS will be used in a variety of ways to serve these and other needs. When information is presented and developed for each agency on a program-by-program basis, the DSS could provide a firm foundation for decisions concerning resource allocations.

Arraying the information on an agency-by-agency basis can provide guidelines for the allocation of operational-level technical assistance efforts among those agencies.

For purposes of long-range planning, the relative success of various types of programs across all agencies over time will be critical data.

Another use of the DSS might be derived from its ability to provide feedback on management procedures to related agencies and operational-level staff. This use would probably involve emphasis on information about general organizational capacity and total agency activities rather than about any one specific program.

General areas of information. In our studies with the CMHRB and GCNCA, four core areas of information were identified which can be of use in dealing with allocation, planning, technical assistance, need assessment, and agency management feedback. It is around these four areas that the prototype DSS is being developed in Cuyahoga County. In comparing the information needs and concerns of the mental health agencies with the expressed information needs of the neighborhood centers, we see the convergence of these areas, but with different weighting of certain factors. Ideology and service orientation, for example, seem to carry a greater weight in decision-making processes in the mental health services system. However, the consistency of these areas of information, and their relationship to the other factors that affect decision-making in mental health, tends to support their more general utility in strategic-, operational-, and tactical-level decision-making at the local community level. The four categories of information which are being pursued in developing the prototype DSS are:

1. Priority and value factors: assessment of program objective consistency with the organization's priority and value structure
2. Performance or outcome capacity: assessment of the ability

of the organization to produce desired outcomes in the future, based on assessment of success in producing similar outcomes in the past

3. Service or process capacity: assessment of the ability of the organization to deliver the amounts and types of service planned, based on assessment of capacity to deliver such services in the past

4. Organizational capacity: assessment of the agency's organizational environment and the extent to which necessary preconditions for over-all success are present.

Using these major categories as a guide, an analysis of decision-making and interorganizational communication processes is under way with the mental health agencies in metropolitan Cleveland. Development of data-collection instruments, feedback processes (information display), and technical assistance in the use of the DSS is the next step. After an evaluation and revision of the prototype DSS for local mental health agencies, a study to assess the general advisability of the approach in mental health settings will be undertaken on a national basis.

Simultaneously, we have begun projects dealing with other types of service programs, relying on the underlying conception of the DSS approach. In a complex, multipurposed counseling and family service agency and in relation to developing priority-setting mechanisms for United Way campaigns, the core elements of the DSS have been seen as relevant and needed tools by all levels of staff, board, and administration.

The DSS approach differs from most available information and reporting systems in five important ways:

1. It is based on the actual process of decision-making at local community levels.

2. It includes data not traditionally dealt with in information systems: information regarding values, attitudes, priorities, environmental constraints, personnel, and managerial constraints (the softer side of decision-making).

3. It collects, analyzes, and presents information in forms usable by different decision-makers for different purposes.

4. It emphasizes building the capacity of decision-makers to

use the system (a training aspect of the system both in its development and implementation).

5. It provides mechanisms for communication with individuals outside the human services sector regarding program priorities and accountability.

As responsibility for the development and funding of human service programs falls increasingly on local organizations, tools such as the DSS which recognize the decision-maker's responsibility and the value bases underlying service programs will be critical. Accountability and documentation of priorities for service needs in a given community must be clearly presented to legislatures, county commissioners, and community groups. Decision-relevant information approaches will assist greatly by having ready the data necessary to argue for the expansion or maintenance of resources in the human services.

Welfare and
National Economic Policy

MARTHA N. OZAWA

THE DECADE OF THE 1960s would be long remembered as an era of great public debate on government's responsibility to eradicate poverty, if the war in Vietnam had not overshadowed domestic politics. For the first time in American history, the Council of Economic Advisors in 1964 publicly defined the concept of poverty and declared that over thirty million people in that year lived below the poverty threshold. During the past decade government expenditures for public income-transfer programs increased by leaps and bounds. Take just money payments under public assistance and social insurance programs. In 1960 we spent only $22 billion (4.7 percent of the gross national product [GNP]), and in 1970 a staggering $55 billion (5.8 percent of the GNP).[1] Toward the end of the decade, welfare reform proposals—whether for progress or for no progress, only historians will know—caught the imagination of politicians, academicians, and the public.

And yet in retrospect we cannot help but feel discontented, anxious, and frustrated over the unfinished business of eradicating poverty in America. Why were one quarter of the aged population poor in 1970 in spite of a series of Social Security benefit increases in the 1960s? Why does public assistance help less than one half of the poor? Why is it that in the era of the "welfare

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[1] *Social Security Bulletin: Annual Statistical Supplement, 1970*, pp. 24, 25, and 132.

state" when social welfare expenditures are increasing faster than the GNP, the share of total money income received by the bottom fifth of the families in the United States has remained the same for twenty-five years? [2]

In the past, policy-makers, social reformers, and academics have attempted to improve basically two programs—Social Security (OASDI) and public assistance—in order to alleviate the economic deprivation of low-income families. For alleviation of distress among families headed by young people, the reform focus has been essentially on public assistance. Each reform movement aroused a hue and cry which was compounded by the double-edged American ideology which states: "Help the poor, but don't help them too much or for wrong reasons." For all the heat that the 1972 welfare debate created, it is remarkable that we accomplished so little.

To make a substantive reform in welfare, to make the income-maintenance system more effective in achieving a vertical redistribution of income in favor of low-income families, and ultimately to change the shape of income distribution, we need to look at the welfare problem in a broader perspective. This comprehensive view is needed because in nonsocialist societies, the question of how much welfare can and should do for low-income families is closely related to the coverage and benefit standards of social insurance programs, which, in turn, are directly related to the wage structure. This is not all. The relative deprivation of low-income families is further influenced by government expenditures in other areas: by economic and tax policies which on the surface seem to have no connection with income redistribution but which in fact have a great bearing on the share of that income received by low-income families; and by all sorts of rules which grant property rights and other rights and privileges whereby certain segments of the population may engage in certain gainful occupations.

[2] The share of money income received by the lowest fifth of American families was 5.0 percent, 4.5 percent, 4.9 percent, 5.3 percent, 5.7 percent, and 5.5 percent in 1947, 1950, 1960, 1965, 1968, and 1970, respectively. See U.S. Department of Commerce, Bureau of Census, *Current Population Report*, Series p-60, No. 80, October, 1971, Table 14, p. 28.

INCOME DISTRIBUTION AND GOVERNMENT POLICIES, RULES,
EXPENDITURES, AND TAXES

Except for students of neoclassical economics, few people believe
that economic behavior is governed by the "invisible hands of
supply and demand" and that income distribution is shaped
solely by the productivity of individuals. Increasingly, students
of contemporary economics and public finance recognize that in-
come distribution is shaped by government rules and regula-
tions, expenditures, and tax policies.

Government regulatory policies. How the economic life of cit-
izens is shaped by government policies is well illustrated by the
concept of "new property" developed by Reich.[3] In addition to
specific expenditures through which the government channels
money to some segments of the population, its regulatory power
in regard to occupational licenses and franchises limits economic
competition, grants quasi monopoly, and assures a steady and
high level of earnings to certain groups. For example, the licen-
sure of physicians in the United States not only has succeeded in
limiting the supply of new doctors but also has guaranteed them
a high level of earnings, incomparable to those of any other pro-
fession.

The possession of a taxi medallion in New York City not only
eliminates the threat of cutthroat competition but also assures
the owner a steady income. Moreover, the medallion, a product
of government regulations, becomes "a new property" which
originally cost the owner nothing but can be later sold at a profit
of thousands of dollars.

Increasingly, levels of earnings for various occupations are de-
termined not by the differential productivity of individuals but
by the degree of power and pressure that each occupational
group brings to the government.[4] All this does not deny that
franchise and licensure have an intended objective of ensuring a

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[3] Charles A. Reich, "The New Society," *Public Interest*, No. 3 (Spring, 1966),
pp. 57–89.
[4] Theodore J. Lowi, *The End of Liberalism: Ideology, Policy, and the Crisis of
Public Authority* (New York: W. W. Norton & Co., Inc., 1969), p. 29.

minimum standard of occupational practice. The point is that the government through granting franchises and licenses does influence income distribution in the private sectors. Obviously, the low-wage earner who is seldom unionized and rarely belongs to any occupational association is doomed to an inferior economic position. Empirical data show that while the distribution of total money income has become more equal, the distribution of earnings has become more unequal over the years. The share of earnings by the lowest fifth of all workers declined from 2.75 percent to 2.15 percent from 1959 to 1970 while the share of the top fifth increased from 42.80 percent to 44.95 percent during the same period.[5]

General economic policies. To assure a steady growth in the economy, the federal government frequently intervenes in the market place. During inflationary periods, the government can either raise taxes or cut expenditures; and vice versa in recessions. In the past decade, the government has opted for an expenditure cut rather than a tax increase during inflationary periods, and for a tax cut rather than an expenditure increase during recessions. Aside from the fact that these policy choices are popular among taxpayers, one has to recognize that they are unfair to low-income families. Since federal income taxes take away a greater portion of income from high-income families than from low-income families, and since social welfare programs tend to bring relatively more benefits to low-income families, the choice of cutting expenditures, particularly in social welfare programs, over increasing taxes during inflationary periods discriminates against low-income families. The same conclusion can be reached when the government opts for a tax cut instead of an expenditure increase during recessions.

Another well-known policy choice occurs in regard to inflation versus unemployment. The Administration has shown more interest in halting inflation than in lowering the unemployment rate. This policy choice has had a distributive effect to disfavor low-income families, among whom the unemployment rate is

[5] Peter Henle, "Exploring the Distribution of Earned Income," *Monthly Labor Review*, December, 1972, p. 20, Table 4; U.S. Department of Commerce, *op. cit.*

much higher than the average. Simply stated, when the government chooses to tolerate a high unemployment rate in order to halt inflation, income is redistributed from the poor to the well-to-do. This is what has been happening for the past four years.

Government contracts. A large number of individuals and corporations enjoy a stable and high level of income through government contracts. To the extent that government contracts assure a steady profit through a "cost-plus" contract, they more and more resemble public subsidies. To the extent that government contracts produce "unconsumable goods," such as weapons, both material and human resources are wasted and the public at large is forced to pay higher prices for other goods and services. In the process, these contracts redistribute income from taxpayers to those involved in such contracts. With Murray Edelman, a political scientist, one can say that defense contracts provide tangible benefits for a few and an inflated sense of "national security" for many.[6]

Public subsidies. In 1970 the federal government provided subsidies amounting to $63 billion.[7] Some took the form of direct cash payments; others were tax subsidies, tax credits, and benefits-in-kind. Such subsidies are ostensibly aimed at molding economic behaviors of certain segments of the economy so as to enhance "national interests." [8] In reality, however, they often amount to welfare provision for inefficient yet economically powerful industries. Subsidies for airlines, railroads, and farm operators are good examples. Often the original intent is completely lost as the years go by. In farm subsidies, for example,

[6] Murray Edelman, *The Symbolic Uses of Politics* (Urbana, Ill.: University of Illinois Press, 1964).

[7] U.S. Congress, Joint Economic Committee, *The Economics of Federal Subsidy Programs*, a staff study, 92d Cong., 1st Session (Washington, D.C.: U.S. Government Printing Office, 1972), p. 4.

[8] *Ibid.*, pp. 12–18. A study by the Joint Economic Committee staff makes a great effort to distinguish subsidies from income-transfer payments such as public assistance and Social Security. Subsidies are considered by the staff as incentives to alter specific market behaviors, but income-transfer payments are not. However, it should be noted that Old-Age Insurance benefits are not provided unless the beneficiary has partially or totally retired, and AFDC payments in many states are not made unless the welfare mother behaves in a socially acceptable manner and is willing to go out to work.

the Cotton Production Stabilization program (a price-support program) was intended to help small farmers in the South when it was enacted in 1933. But a recent study shows that under this program the largest amount of benefits per acre and per farmer [9] is currently subsidizing big farmers in the West.

Tax policies.[10] The over-all tax structure in the United States is regressive at the lowest income bracket, proportional in the wide middle-income brackets, and progressive at the highest income bracket. In 1965 families with incomes of less than $2,000 (excluding transfers) paid taxes at a rate of 44 percent in the form of federal, state, and local taxes combined. Their tax rate was the highest of all income brackets.[11] There are reasons to believe that the percent of income that low-income families pay for taxes has been steadily rising. One indication is that the magnitude of state and local taxes, which are to a great degree responsible for the high tax rate imposed on low-income families, has been increasing over the years. They rose from 7.1 percent to 11.9 percent of the GNP from 1951 to 1968, while federal taxes increased from 19 percent to 21 percent of the GNP in the same period.[12] Another indication is that the Social Security tax which also is regressive, has greatly increased during the last decade. Even under the assumption that employer contributions are not shifted back to wage earners, one quarter of all income earners now pay the largest amount of their taxes in the form of the Social Security tax. In 1971, persons officially classified as poor paid $1.5 billion for this tax,[13] while they paid only $200 million for federal income taxes. The Social Security tax hits hard those whose income comes mainly from wages below the taxable

[9] James T. Bonnen, "The Distribution of Benefits for Cotton Price Support," in Samuel B. Chase, ed., *Problems in Public Expenditure Analysis* (Washington, D.C.: Brookings Institution, 1968), p. 245. In 1970, $5.2 billion was spent for all farm subsidy programs and $828 million for the cotton production stabilization program. See the Joint Economic Committee, *op. cit.*, p. 87.

[10] For further discussion see Martha N. Ozawa, "Taxation and Social Welfare," *Social Work*, XVIII, No. 3 (1973), 66–76.

[11] *Economic Report of the President, 1967* (Washington, D.C.: U.S. Government Printing Office, 1967), p. 161, Chart 11.

[12] Joseph A. Pechman, "The Rich, the Poor, and the Tax They Pay," *Public Interest*, No. 17 (Fall, 1969), p. 31.

[13] *Ibid.*, p. 36.

ceiling (currently $10,800), and who have large families to support.

INCOME-TRANSFER PROGRAMS

The system of public income-transfer programs in the United States includes Social Security, railroad retirement, public assistance, unemployment insurance, workmen's compensation, government employee pensions, and veterans disability benefits. My own study, based on data derived from the Current Population Survey of March, 1971,[14] indicates that there are three major characteristics in the system:

1. The majority of transfer benefits goes to the aged population.

2. Public assistance is only a minor part of the public income-transfer system.

3. The percentage of all income-transfer payments shared by those in the lowest income bracket (below $3,000) is not much greater than the percentage of households that fall in that bracket.

In 1970, 19 percent of all households (individuals and families) were headed by persons aged sixty-five or older. However, as a whole, 53 percent of total payments from public income transfers went to households headed by persons aged sixty-five or over. As expected, 72 percent of Social Security and railroad retirement benefits went to the aged households. Their shares in other programs were 22 percent in public assistance, 48 percent in government employee pensions and 26 percent in veterans disability payments. The only programs in which the aged households did not receive more than their share [15] were unemployment insurance and workmen's compensation.

[14] Data from the Current Population Survey of March, 1971, were reorganized by the Office of Research and Statistics, Social Security Administration. The data disseminated by the Office of Research and Statistics were further reorganized by the author. See Dorothy S. Projector and Judith S. Bretz, "Measurement of Transfer Income in the Current Population Survey" (Washington, D.C.: Office of Research and Statistics, Social Security Administration, 1972; mimeographed).

[15] Aged households, which constituted 19 percent of all households, received 7 percent of unemployment insurance benefits and 10 percent of workmen's compensation payments.

Public assistance is but a small part of the public income-transfer system. Of all transfer payments, public assistance constituted not more than 13 percent, at a cost of $8.4 billion in 1970. By far the largest benefit payments were made in OASDI, costing $28 billion, or 46 percent of all income-transfer payments. Even when we look at income-transfer payments for the lowest income bracket, public assistance constituted only 23 percent of all transfer payments. In comparison, OASDI constituted as much as 61 percent of all income transfers going to this bracket. However, when we divide households in this bracket by the age of heads, a different picture emerges. For the young households, public assistance constituted as much as 51 percent of all public income transfers; for aged households, it represented only 12 percent.

The share of public income transfers received by households with income of less than $3,000 is not so impressive. Only 25 percent of all transfers went to them in 1970, although they constituted 17 percent of all households. Social Security benefits did not particularly favor them either. Only 27 percent of the benefit payments went to this group. In comparison, their share of public assistance was 42 percent. Another 38 percent of public assistance payments went to the next higher bracket, those with incomes from $3,000 to $5,999.

How much does the system of public income transfers help the households in the lowest income bracket (below $3,000) in absolute dollar amounts? Before transfers, they had a mean income of $613. Public transfers helped them, on the average, with $974, resulting in a total income of $1,587. Put another way, 61 percent of their total money income came from public transfers. As much as 82 percent of total money income of the aged households in this income bracket came from public income transfers, compared with 38 percent for the young households in the same bracket. As a matter of fact, after-transfer average income for the aged households ($1,718) was greater than the average income for young households ($1,462).

We note a few perplexing facts. We see that the lowest income class had a surprisingly small share (25 percent) of public in-

come transfers. On the other hand, these transfers constituted as much as 61 percent of its total money income; and yet, its after-transfer average income was still $1,587—hardly a decent minimum. We should ask why.

First of all, except for public assistance and veterans pensions,[16] all public income-transfer payments are made in relation to past wage records and duration of employment. Under the federal Old-Age Insurance, for example, benefits are based on earnings records going back to 1951, but not precisely on the amount of contributions.[17] Since benefits are earnings-related but since none of the current beneficiaries has paid enough for his lifetime benefits, high-benefit retirees, in fact, are receiving a much greater amount of intergenerational transfers, or what amounts to a subsidy paid by the working population, than are low-benefit retirees.[18] Under other social insurances, such as workmen's compensation, unemployment insurance, and the federal disability insurance, the duration of one's employment immediately prior to filing a claim is crucial to determine eligibility for benefits. Furthermore, farm labor and domestic work are generally excluded from coverage in both workmen's compensation and unemployment insurance. The wage earner in a low-paid job with tenuous job security tends to be disfavored in social insurance programs.

Secondly, the earnings-related benefit structure in social insurance programs inevitably reflects the distributional pattern of earnings. When the ratio of the average earnings of the top fifth of all workers to the average earnings of the bottom fifth is as much as 21,[19] it is hard to provide a decent minimum of social insurance benefit in both absolute and relative terms. Under Old-Age Insurance, for example, the minimum benefit (primary

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[16] There are two parts to veterans disability benefits: veterans pensions and veterans compensation. The former is income-tested but the latter is not.

[17] Under the Social Security amendments of 1972, exception is made for those in low-benefit brackets. Under the amendments, one can choose either a benefit calculated according to the benefit formula or the product of $8.50 multiplied by the number of years of contributions, but not exceeding $170.

[18] From preliminary findings from the author's unpublished study, "Individual Equity vs. Social Adequacy in Federal Old-Age Insurance."

[19] Derived from Henle, *op. cit.*, p. 20, Table 4.

insurance amount) for the worker represents as much as 111 percent of his average monthly earnings, but the monthly benefit amounts to only $84.50—hardly a decent minimum.

Thirdly, public assistance payments, which are supposed to make up for all the inadequacies involved in wage levels and social insurance benefits, are in fact constrained by them. This is one of the major lessons learned from the defeat of the recent welfare reform movement. The principle of "less eligibility" still haunts the minds of legislators and the public. Furthermore, preferring social insurance to public assistance as a form of income maintenance, the public demands that public assistance be kept to a minimum and meager program.

The irony of a welfare state in a capitalist society, where the degree of inequality of income is so great, has to be recognized. The irony is that although in such a society a great magnitude of income transfers is needed to combat destitution and relative poverty, it is that society which finds it difficult to accomplish the objective since benefit levels in social insurance and public assistance are affected by the distributional pattern of earnings.

Based on the earlier arguments, the following conclusions can be drawn:

1. During the past decade, low-income families indeed appear to have benefited from public income transfers and other social welfare programs relatively more than other families. However, in other areas of government intervention, such as general economic policies, tax policies, public subsidies, contracts, and wage structure, low-income families appear comparatively to have lost. The result is a quite stable percentage share of income received by low-income families during the decade.

2. The question of how much public income transfers can do to alleviate the economic deprivation of low-income families is conditioned by the wage structure. In an affluent nonsocialist society an excessive inequality of earnings requires massive income transfers to families with little or no earnings. However, ironically, in such a society it is harder to accomplish the objective than in an economically more homogeneous society.

3. Since the level of welfare payments in the United States is

greatly influenced by forces outside the welfare proper, one can be almost assured of the *status quo* as long as the focus is limited to "welfare reforms" alone, however liberal they may sound.

STRATEGY FOR THE FUTURE

Strategy for the future to alleviate economic deprivation of low-income families must be multifaceted and comprehensive with a clear objective of increasing their *share* of income. Their gain in the public income-transfer system should not be offset by their loss in other areas, such as general economic and tax policies. Furthermore, if they gain in the wage structure, they will gain also in the income-transfer system, such as in social insurance. Along with an effort to let low-income families gain outside the system of public income transfers, an effort should be made to improve the system itself so as to assure adequate benefits in income-transfer programs.

A few broad guidelines are offered with a redistributive objective in mind:

1. General economic policies established by the federal government should be evaluated not only by the objective of economic stabilization but also by the redistributive objective in favor of low-income families. These objectives are not incompatible. In inflationary periods, for example, an expenditure cut rather than a tax increase hurts low-income families; therefore a tax hike is preferable.

2. The changing tax structure should be watched so as to halt an increasing regressivity in the structure. If a tax hike is needed, it should be sought in progressive taxes, such as federal individual income taxes, and not in regressive taxes, such as property, sales, and payroll taxes.

3. As the general level of earnings rises, the minimum wages must be increased at least proportionately. Just as important as the minimum-wage level is job security. Both factors later impinge upon the eligibility for, and benefit standards of, social insurance for low-income families.

4. An efficient use of fiscal resources should be made so as to increase the minimum social insurance benefits and to decrease

the range of benefits. For example, the customary practice of granting across-the-board percentage increases in Social Security retirement benefits is an inefficient way to solve both destitution and relative deprivation among many of the aged. Since most of the benefits of current beneficiaries are paid for by the working population, more flexibility in the use of Social Security funds to implement the principle of social adequacy in favor of low-income retirees not only is permissible but also appears imperative.

5. State programs of unemployment insurance and workmen's compensation should be strengthened. National standards in coverage and benefits are urgently needed. For public assistance to play its proper and effective role, these programs have to maximize their role to replace lost wages. One can imagine for example, that in the future unemployment insurance will include "pre-employment" unemployment benefits together with an intensive job-training and job-creation program.

Social Security:
What Should It Be?

EVELINE M. BURNS

The social policies of each generation are inevitably influenced by the contemporary perception of the nature and intensity of the problems to be tackled, and the solutions adopted reflect the influences of both the inheritance of the past and prevailing social values and attitudes.

The framers of the Social Security Act of 1935 were constrained by the fear of constitutional challenge, by the public's unfamiliarity with, and indeed distrust of, governmental—and especially federal—action in the social field, and by a deeply ingrained reluctance of society to provide social assistance except under deterrent conditions which included a rigorous test of need in the individual case. It is to the everlasting credit of the framers of the 1935 legislation, especially those who planned the old age insurance program, that they were able to formulate a measure that allayed many of the prevailing fears and brought into being a vast federal program that assured benefits as a right.

As we plan for the future we are in many ways more fortunate. No one nowadays, even with the Nixon Court, seems to be concerned about constitutional challenge. The very existence of Old Age Survivors and Disability Insurance (OASDI) and unemployment insurance for nearly forty years has changed public attitudes in important respects. We now take for granted the payment of social insurance benefits as a right free of any income test and we accept the legitimacy of governmental and especially federal action. Even President Nixon proposed a federal assis-

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tance program and a federal family health insurance plan, and in 1972 Congress enacted a federally financed and administered assistance system for the adult categories.

At the same time we have our own constraints. We have inherited a system in which almost the entire adult population has paid taxes in the expectation of receiving wage-related benefits in specified contingencies. However much we might wish to change the system, these rights have to be respected. Attitudes toward the desirability of a large scale public work program are much more ambivalent than they were in the mid-1930s. We are constrained also by the existence of a public assistance system that, for different reasons, has come to be highly unpopular with almost everyone. Forty years of efforts to modify the program to offset what have been regarded as some of its less desirable features have served only to raise new problems. And, finally, this period has seen the growth of an extensive system of income- or means-tested benefits such as Medicaid, school meals, food stamps, day care, and housing, among others. The diversity of eligibility conditions and their lack of rationality have thus created problems of equity among recipients and nonrecipients, and the failure to coordinate these social benefits with the public assistance system has intensified the problem of disincentives to increase incomes.

Thus, unlike the planners of the 1930s, we do not have the advantage of starting with an almost clean slate (for remember that all the then existing federal income security measures carried the word "Emergency" in their titles). But nowhere is the difference between us and them more evident than in our respective conceptions of the problem to be solved. In 1934 the problem was seen as one of income *maintenance;* not surprisingly so, in view of the tremendous extent of unemployment at the time and the prevalence of income loss due to inability to earn on the part of the aged. Loss or interruption of earning power seemed to be the evil to overcome and the object of policy was the replacement of at least some fraction of lost earnings. It is true that even at that early date a minimum benefit was provided for,

first in old age insurance and somewhat later in unemployment insurance, but in view of the extremely low level of the minimum amounts it seems likely that the objective was to avoid the payment of ludicrously small wage-related benefits rather than to assure payment of benefits of minimum adequacy.

As time passed there was a growing concern with income *security*. First, as the social insurance technique became increasingly accepted and popular, there was a deliberate effort to make the insurance system the normal vehicle for replacing lost income. New risks were included, coverage was broadened, and eligibility conditions were greatly liberalized. But many of the newly eligible persons were low earners or were eligible on the basis of only minimum periods of covered employment. Hence their earnings-related benefits were low and many had to seek supplementation from public assistance, thus defeating the objective of coverage by social insurance. In the interests of income adequacy, the minimum benefit has been continuously raised (from $10 a month to the present $84.50) with consequences for the system as a whole which will be later discussed.

Meanwhile, other forces were at work to increase the emphasis on income security rather than merely income maintenance as the objective of policy. Especially in the 1960s there was growing concern about the existence of a large amount of poverty in a nation that was enjoying increasing affluence. As more was learned about the composition and characteristics of the poverty population, it was revealed that a significant fraction consisted of fully employed workers whose earnings were insufficient to support their families. For these, the newly discovered "working poor," the problem was clearly not one of lost income but of income inadequacy.

Realization that income maintenance was not the whole answer was intensified by the changing character of the clientele of the public assistance system, the one component program whose function was clearly to provide income security. The program, instead of withering away as the social insurance system took hold, as had been expected by many in 1935, was becoming

ever larger. The old age assistance rolls were indeed declining, and a large fraction of the recipients were merely receiving modest payments in supplementation of OASDI benefits. But there was a sharp increase in two other categories: the totally disabled and notably Aid to Families and Dependent Children (AFDC).

The income-maintenance approach of the 1930s had apparently conceived of typical AFDC parents as consisting mainly of widowed mothers; that is, persons suffering loss of previous income and thus for whom the appropriate remedy would be coverage under social insurance, which was indeed achieved in 1939. It was not then realized that a major threat to the economic security of the family was family breakdown and nonmarriage of parents, the full extent of which only became evident in 1935 after society—through the AFDC program—defined the fatherless family as a category for which social responsibility would be accepted. For this large group the problem was again not income maintenance but income inadequacy.

Finally, the impact of the heavy and rising costs of medical care, more especially pronounced in recent years, has brought a realization that mere income maintenance is not enough. Even a comfortably-off family with steadily employed earners can be reduced to penury by high medical bills.

As the objective of income security rather than just income maintenance has come to the fore, the objective of a guaranteed minimum income has attracted the attention of social planners. Dissatisfaction with public assistance as the traditional instrument for assuring an acceptable minimum has prompted a search for other mechanisms. The most popular, or at least most widely publicized, of these so-called "new approaches" have been the proposals for some form of negative income tax (NIT), which would use the machinery of the federal tax system to fill all or part of the gap between reported income and some defined minimum income level.

In principle, however, these approaches are not new. The NIT is nothing more than a universal, federally administered and financed public assistance system which does not even differ in scope from those assistance systems in states like New York

which even now cover the working poor. The same holds true of President Nixon's ill-fated Family Assistance Plan (FAP) and the Heineman Commission's proposals.

These gap-filling programs raise all the problems with which public assistance has so unsuccessfully grappled in the last forty years. Unless recipients are permitted to retain some significant fraction of their earnings, the program will act as a disincentive to work; for in effect the failure to disregard any earnings in determining eligibility and the amount of assistance is equivalent to a 100 percent tax on earned income. But, if the so-called "tax" is low enough to provide a real incentive to earn (applicants are permitted to retain a sizable percentage of their earnings and still remain eligible), and if, in the interests of equity the disregard is extended to potential as well as actual assistance recipients (as would be the case with FAP and NIT), the numbers eligible will vastly increase, average payments will rise, and the cost will be formidable. On the other hand, if in the interests of keeping costs low and still retaining built-in incentives to earn, the basic guarantee is kept low, the program will not provide income security for those who cannot work. Nor does the gap-filling approach offer any fewer incentives to family-splitting than our present public assistance system.

For its effective operation, and if abuse is to be controlled, the gap-filling approach calls for a large bureaucracy intelligent enough to administer what is inevitably a highly complicated set of rules (definitions of countable income, methods of testing reliability of income statements, and the like) and competent to exercise the discretion inevitable in the many individual circumstances that cannot be covered by universally applicable written policies.

Some of those who are preoccupied with the problem of work incentive have attempted to avoid the dilemmas created by the effort to build in incentives as an integral part of a gap-filling income-security system by proposing a work test as a condition of eligibility for assistance. All needy persons deemed employable would be required to register for and accept work on pain of loss of assistance. But, quite apart from the fact that unless jobs

are in fact available, such a policy is meaningless and results merely in inconvenience at best and harassment at worst for the applicants, a work test raises difficult policy issues. There is the question of what kind of work people can be required to accept. If the test is not to encourage sweated employment, the jobs offered must pay at least a legal minimum wage and carry the usual protections such as coverage by Social Security, unemployment insurance, and workmen's compensation. More difficult is the question of society's moral right to require would-be assistance recipients to take jobs that, although meeting the above requirements, are dirty, unpleasant, or dead end.

The definition of employability also raises problems of social policy, as we have already discovered in connection with the employability of female heads of families.

Neither those who would encourage employment of assistance recipients by built-in incentives nor those who would use the work test appear to have counted the full cost of a successful policy. For it would involve a large public work program, and since even President Nixon and the Senate Finance Committee seem to agree that there must be provision for suitable care for the children of working mothers, an extensive system of day care centers and other organized arrangements must be envisaged. Both are costly undertakings. Although cost alone would not be a reason for rejecting a policy if its potential gains were sufficiently great, they do raise questions as to the *economic* advantage to society of incentives or pressures on people to work for pay, especially when it is recognized that the typical AFDC mother is likely to be a low earner at best.

If we really believe in a guaranteed income for all, it is difficult not to think that ultimately, in the distant future, we shall be impelled to adopt a universal demogrant, a payment to each individual of an annual sum calculated to provide a low but adequate standard of living. Such a payment would have to be on an individual basis—so much for an adult, so much for a child —in order to offer no incentive for family splitting. No work requirements would be attached to the payment nor would there be any deductions on account of earnings. For work incentive re-

liance would be placed on the differential between the guaranteed income and what could be secured from paid employment (and in a rich country this could be sizable) and on the power of our highly effective advertising system to make people dissatisfied with the standard of living permitted by the demogrant.

At the end of each year every income receiver would make a tax return of all income received, including the demogrant, and would pay taxes at the then prevailing schedule. The costs of such a program would be recouped by the tax system which would be used to implement national policy as to how much persons at different income levels should contribute to the total governmental budget. Those who fear excessive tax rates on incomes above the guaranteed level do not always allow for the fact that each taxpayer's income would be augmented by the demogrant: he would have more income out of which to pay taxes. Such a system would involve a sizable measure of income redistribution, but this will be inevitable if any real income guarantee is to be achieved.

Despite all the scorn heaped upon Senator George McGovern, who may be regarded by history as merely ahead of his time, the demogrant would have real advantages. It would avoid our multiple taxing system—that of the internal revenue and that of the gap-filling programs which operate on different principles and create serious inequities. It would put money in the hands of people when they need it, not after a delay of one or three months; and being predictable in amount, it would satisfy the first condition for rational economic planning by the family. It would avoid the cumbersomeness and costliness of administering needs tests complicated by a system of disregards in each individual case and all the policy and technical problems that are inherent in a disregard system. And it would offer no incentive to cheating other than the incentive that now exists in the income tax system. It would also avoid the encouragement to low-wage employment that is given by a gap-filling program that makes up the differences between earnings and the minimum standard.

Current unwillingness to face the necessity of a sizable redis-

tribution of income, especially when it would improve the position of nonwhites, will undoubtedly preclude the acceptance of a universal demogrant for many years to come. In the meantime we must consider less drastic measures for achieving income security.

Surely the first requirement is the development of a large public work program, thus filling a major gap in our total income security system which has persisted since the end of the 1930s. During that decade there was at least a grand strategy. The federal government was to provide work for employable persons. For workers who had lost jobs through temporary unemployment or old age there would be a social insurance system paying wage-related benefits. Unemployable needy persons were to be supported by a state/local system of public assistance whose costs the federal government would share. Although the policy was never fully implemented (the federal government never gave employment to all the unemployed, while federal financial aid was available only for selected categories of the needy) there was a comprehensive policy.

The big lack today is a system of publicly assured jobs. Only if this is remedied will it be possible to ensure that all those who have already indicated their desire for employment (and this includes many AFDC mothers) can secure it. Only so does it become realistic to develop extensive training programs or to expect results from enforcing work requirements or divising built-in work incentives. An effective work program would also have the advantage of relaxing pressure for extension of unemployment insurance to provide for the long-period unemployed and enable that program to perform the function for which it is suitable, namely, assuring income to the short-period unemployed.

A work program would also lessen the pressure for continual lowering of the age of eligibility for OASDI benefits. For, except in the case of disability, the lack of income of formerly employed older persons is in most cases due not to premature aging but to unemployment and should be handled as such.

A work program might take the form of federally subsidized public service jobs or a federally operated or financed and super-

vised work program along the lines of the WPA. It is fashionable to decry the WPA program as "mere leaf-raking," but in the light of history we can see that it was in fact a highly successful experiment which steadily improved as time went on. It demonstrated that a work program, which at the peak gave jobs to over three million people, could be extremely imaginative and diversified and provide jobs that matched the skills and abilities of the unemployed, including even professional workers. As the states and localities came to accept the WPA program they began to plan more effectively for the employment of WPA workers on projects that were additional to their current responsibilities but desirable as part of a long-range plan of community improvement. Such a work program today should also include special measures, similar to the National Youth Administration, for young people whose employment needs are so sadly neglected today.

For the income maintenance of workers who have lost their jobs, temporarily or permanently, as in the case of the aged and totally disabled, we should continue to rely on the social insurance system. But somewhat different policies should be applied to the two groups.

Short-period income loss could be dealt with by our present systems of unemployment and temporary disability insurance. But changes are needed on both. Temporary disability insurance needs to be made universal instead of operating in only a few, though admittedly populous, states. Both programs need to cover more jobs and more people. Unemployment insurance should deal only with short-period unemployment, defined as of six or nine months' duration. The benefits of these two programs could then continue to be wage-related without reference to whether the benefit is sufficient to provide a minimum standard of living. Since by definition the risk would be of short duration, it is reasonable to suppose that the worker will have some resources, including, increasingly, other earners in the family, to supplement his benefit. To ensure proper coordination with other programs, benefit levels and duration should be governed by federal standards.

Until we have an adequate work program, the income needs

of those who have exhausted their short-term unemployment insurance benefits should be met through a federal system of extended benefits. Because the worker could no longer be assumed to have reserves with which to supplement his benefit, the payment should be based, not on previous wages, but on some concept of minimum adequacy.

Long-period income loss is now dealt with through the OASDI system. Yet it is doubtful how much longer we can continue with a policy which combines in one and the same program efforts to assure a minimum standard of living and a wage-related payment. Every effort to raise the admittedly low minimum benefits involves corresponding increases in the higher benefits in order to maintain wage-related differentials. The same effect obtains when, in the effort to raise low benefits, we enact uniform across-the-board percentage increases.

Every such increase raises the cost of the program and makes the burden of wage and payroll taxes ever more onerous, thus intensifying the demand for a contribution to the system from the general revenues. But the case for proportionate government contribution toward the cost of benefits that even now can run as high as $400 a month (over $700 for a family), and are likely to go higher, is surely not very strong. Easier to defend on the grounds of equity and social necessity would be a "government contribution" taking the form of a uniform basic payment to all beneficiaries. We could then create a double-decker system which would consist of a basic payment financed wholly from federal revenues plus a compulsory contributory wage-related benefit based on strict actuarial principles. The latter could more easily be coordinated with the ever-growing private pension system and would foster more attention on a problem now largely neglected as we continually raise the taxable wage level: how much of current income do workers want to devote through a compulsory system to assurance of generous pensions in old age?

Obviously, such a double-decker system would have to be introduced gradually. Since we cannot disregard expectations and rights already promised in return for past tax payments, there

would have to be assurance that rights accumulated up to the date of shift to the new plan would be honored, but no further increases in OASDI benefits would be allowed. However, because the new basic payment would probably initially have to be at a relatively low level, there should be legally scheduled upward revisions as the GNP increases.

Surely too, the present OASDI system must come to grips with a major development of recent years, namely, the increasing tendency of women, and especially married women, to work. Their income maintenance needs can no longer be handled by treating them as dependents of their husbands. Because of the way lifetime average monthly wages, and hence benefits, are determined, the fact that many women temporarily leave the labor market to raise children results in a lowering of their benefit often to a level less than half that of their husbands'. The problem could be handled by disregarding for benefit calculation purposes periods in which a woman was caring for children. More radical would be crediting women who are raising families with a notional monthly wage for OASDI purposes, similar to the policy applied to men serving in the armed forces.

If we had an effective work program and a social insurance system improved along the lines I have indicated, we would be left with a group needing income security which would consist primarily of the aged and totally disabled who are not covered by OASDI, fatherless families and the working poor—in other words the clientele of the present welfare system. I suggest that reform must start from a recognition that as a gap-filling program, welfare is in principle unreformable. The objective of policy must be to reduce its scope and make it clearly a minor, residual system. This can be done only by policies *outside the welfare system itself,* directed to removing as many persons as possible from contact with it.

The plight of the working poor (whose numbers will grow if many of the AFDC mothers find paid employment) can be traced to two causes: either they are working for substandard wages, or they have families too large to be supported even at average wages. The appropriate remedies would thus seem to be,

first, enactment of a universally applicable minimum wage whose level reflects the fact that so highly productive a society as ours can afford to pay a full-time adult worker a wage sufficient to support a man and wife and one or two children, and second, a system of family allowances, a limited demogrant, payable for the third and subsequent children in each family.

The aged and totally disabled now wholly dependent on welfare could be blanketed in under OASDI, although it must be recognized that at present minimum benefit levels many of them, like many current beneficiaries, will require supplementation. This responsibility could well be undertaken by the newly enacted federal supplemental security income program.

Harder to provide for are the fatherless families who are the core of the concern about the so-called "welfare mess." The result of our past efforts to pacify those who are aghast at the rising numbers of recipients and those who believe that the program encourages idleness, family breakdown, and illegitimacy has been a series of legal and administrative provisions whose net effect has been to penalize children. Our policies have vacillated because we lack any national family policy, and we shall continue to vacillate until we have one.

From the point of view of our concern with income security I suggest that such a policy should include at least the following positions:

1. Our policies must be firmly based on what is best for the welfare of children, and if necessary we must subordinate our concern about work incentive to this objective. Children need both economic security and the social and environmental security that in most cases is provided by natural parents.

2. Policy must be based on acceptance of the fact that keeping house and rearing children is productive work that adds to the *real* gross national product. We recognize this when women look after other people's houses and children for pay and we are increasingly becoming aware of it when we count the cost of day care centers or other forms of care for children of working mothers. It does not, however, follow that child rearing is a full-time

job: much depends on the age and number of children in the family. In particular, it does not mean that efforts should not be made to encourage, or even put some pressure on young mothers whose only child is above say, age six, to accept paid employment if jobs are available.

3. Policy must reflect the conviction that it is immoral to require a woman with no husband to share her responsibilities, to carry two heavy jobs: substantial paid employment and full-time housekeeping and child rearing, a burden that is only slightly lightened by provision of care of children during working hours.

Consistent with these policies there are still steps that could be taken outside the welfare system to reduce the number of families dependent on some type of gap-filling program. First, efforts should be made to make it possible and worthwhile for those mothers who want to work (and the evidence suggests that they are numerous) to do so. A program of publicly assured jobs paying decent wages would assure that jobs were in fact available. Availability of an adequate system of care for children would also make it possible for more mothers who want to take paid jobs to do so. The worthwhileness of paid employment would be enhanced by a reform of the tax system which would reduce both income tax rates and Social Security taxes on low earners. Both charges at the present time significantly reduce the advantage of earning as compared to relying for income on non-taxed assistance. More could be done, too, to reduce the incentive to remain on welfare that is now provided by our system of income-tested benefits in kind. Many of them are automatically available to public assistance recipients, whereas other low-income receivers are subject to so varied, complex, and illogical a set of eligibility requirements, benefit reductions, and graduated charges that it is no wonder people prefer the certainty of benefit receipt that accompanies welfare status to the uncertainty of being independent. Use of a uniform income test applicable to welfare recipients and nonrecipients alike and coordination and simplification of the varying requirements of the various benefit programs would remove the incentive to retain welfare status.

An even more important reform would be to reduce the number of means-tested benefits, notably by replacing Medicaid by a system of health insurance.

Second, the size of AFDC caseloads would also be reduced by measures which would diminish the number of unwanted and often illegitimate children. Universal availability of free or subsidized birth control information and supplies and legalization of abortion are measures which could be expected to have this effect.

The steps I have outlined would substantially reduce the numbers dependent on the welfare system, but for the immediate future we must expect to be left with a sizable group of needy fatherless families. An essential first step is to adopt a definition of full-time child rearing. This would involve a decision on the one hand as to the age and numbers of children whose nurture constitutes a full-time job and, on the other hand, the amount of money that normally could be earned without seriously interfering with full-time mothering. This would be similar to the OASDI policy of defining retirement as not earning more than a certain amount. We could then provide for the full-time mother either by payment of a mother's pension based on a concept of average need, taking account of the children's allowance, or we would have to continue with a gap-filling program in which all earnings over and above the amount specified in the definition of full-time child rearing would be taken into account, thus implementing the policy that full-time mothers should not be expected or required or even encouraged to work for pay.

Meanwhile we must accept the consequence of our present inability to diminish the extent of desertion and illegitimacy, namely, that the fatherless family is a phenomenon of contemporary society. Such families have needs over and above that for income security. Many of them, especially the younger, need assistance in managing their households, effectively utilizing community resources, and overcoming loneliness and nonintegration into normal social life. This assistance must be provided, not with the purpose of removing them from the public support

system, but in order to make a more satisfying and better life for the children and their mothers.

Implementation of these measures will obviously be very costly in the sense of necessitating devotion of a larger proportion of the national income to assurance of income security for all. It will also involve a sizable redistribution of income. Unless we accept these unpalatable facts we might as well throw up our hands.

While past experience has taught us that there is no solution short of a comprehensive and well coordinated system (for absence of, or inadequacy in, one program serves only to overburden other parts of the system), a comprehensive set of measures could probably not be enacted overnight. The important thing is to have a clear picture of the system we ultimately desire. With that always in mind we could use more careful analyses of the costs and gains of each policy component in order to set priorities for immediate next steps. But this analysis must take account of social costs and gains as well as the more easily measurable economic and money costs. Not least of the costs to be taken into account are the costs of doing nothing—of continuing with our present incomplete and unsatisfactory income-security measures.

Health or Illness—
What Shall Be the Priority?

WILLIAM L. KISSICK

The congress declares that fulfillment of our national purpose depends on promoting and assuring the highest level of health attainable for every individual . . . that Federal financial assistance must be directed to support the marshaling of all health resources . . . to assure comprehensive health service of high quality for every person.[1]

These words are quoted from the preamble to the comprehensive health planning legislation, more widely known as the "Partnership for Health." Enacted in 1966, this legislation represents a new direction in social policy—health care as a right.

This legislation standing alone did not presume to realize that right. However, the numerous pieces of health legislation enacted by the 89th Congress—Medicare, Medicaid, community mental health centers, Office of Economic Opportunity neighborhood health centers, regional medical programs, children and youth programs, the Health Professions Educational Assistance Act, and the Vocational Rehabilitation Act, to mention a few—taken together, did move our society toward such a goal.

The questions are: How much has been accomplished? At what speed?

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[1] Comprehensive Health Planning and Public Health Service Amendments of 1966. Public Law 89-749, 89th Congress. S. 3008. November 3, 1966. Findings and Declaration of Purpose, p. 1.

Viewed in retrospect, our accomplishments have been minimal and the rate of our progress slight.

HEALTH [2]

"The highest level of *health* [emphasis added] attainable for every individual" is our stated goal. In contrast, virtually all the legislation noted, and for that matter all of the nation's health enterprises, are devoted to medical care of illness. But there is more to health than the absence of illness.

Herein lies one of the major problems in our society—the confusion of medical care with health services. The former is a more narrow focus, the latter a broader concern for human capacity and function. The word "health" is a deceptively simple, one-syllable noun of Anglo-Saxon derivation meaning "hale" or "whole." It is both a commonplace in the vernacular and an illusive concept that frustrates description and quantification. In a sense, health is an abstraction that may be viewed as the twentieth-century equivalent of the Holy Grail, the never-to-be-attained object of a relentless search.

The World Health Organization (WHO) defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." [3] Thus, in the preamble to its constitution in 1948, the health agency that speaks for all nations asserts a recognition of the qualitative dimensions of man's existence and endorses a concern for the enhancement of the quality of life as fundamental to an appropriate philosophy of health. An aspiration beyond the mere correction of deficiencies and toward the holistic pursuit of harmony in life is preeminent in the concept.

René Dubos qualifies this definition. He notes that, "in reality, complete freedom from disease and from struggle is almost incompatible with the process of living." [4] In his elaboration of

[2] This section and the one that follows are adapted from William L. Kissick, "The Health System," in Stuart E. Golann and Carl Eisdorfer, eds., *Handbook of Community Mental Health* (New York: Appleton-Century-Crofts, 1972), pp. 51–54.

[3] World Health Organization, Constitution of the World Health Organization, in *Handbook of Basic Documents* (New York, n.d.).

[4] René Dubos, *The Mirage of Health* (New York: Harper, 1959), p. 1.

this theme, this reknowned medical scientist and philosopher discusses the significant impact that man's technological achievements and his behavior as a social animal have had and are having on his state of health and *dis-ease.* The hazards, like the benefits, of our contemporary way of life are everywhere. In a bizarre sense, our society appears to thrive on a precarious balance between health and illness.

Perhaps the balanced perspective is best expressed by Sir Geoffrey Vickers in his characterization of the history of public health as "a record of successive redefinings of the unacceptable." [5] Yesterday's inevitable becomes tomorrow's intolerable. Each achievement presages new expectations. Thus, a single case of the once ubiquitous disease smallpox is now considered inexcusable in most parts of the world. In an earlier period of history, a female bore numerous babies in the hopes of having a few survive to adulthood. An infant mortality rate in the United States of 24.8 deaths per 1,000 live births is now considered unacceptable, particularly when contrasted with a rate of 14.2 in Sweden and 19.9 in England and Wales.[6] As medical research continues to advance our knowledge and understanding of human biology, certain types of leukemia may well be found susceptible to a continuous therapeutic regimen much as is diabetes today. In the future, a childhood death from leukemia may be as intolerable as the death of a childhood diabetic in the 1970s.

Lacking the capacity to identify and measure the positive dimensions of health, we concentrate on the curtailment and elimination of illness—recognizing, however, that an individual can be diseased without being ill and ill without being diseased. At present, the biological dimensions of ill-health are better understood than the behavioral aspects. This discrepancy, a reflection of the relative state of advancement of the biological and behavioral sciences, is unfortunate since a comprehensive approach to

[5] Geoffrey Vickers, "What Sets the Goals of Public Health?" *New England Journal of Medicine,* CCLVIII (1958), 591.

[6] National Center for Health Statistics, *International Comparisons of Perinatal and Infant Mortality.* Series 3, No. 6. (Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1967).

healing, alleviating, or palliating man's ailments requires an understanding not only of the soma but of the psyche, as well as of man as a social animal. This will become increasingly critical as a consequence of medical progress.

This evolution in the *raison d'être* of the health system can be appreciated in terms of a hierarchy of health goals—mortality, serious morbidity, minor morbidity, and positive health. These stages are overlapping; the activities in pursuit of goals at successive stages are considered additive and do not replace activities directed to goals in previous stages. The first three goals are self-explanatory. The fourth, positive health, is defined by scientists attempting to conceptualize an index of health as the capacity of the individual to fulfill the requirements of a social role appropriate to his or her age and sex.[7]

As a society shifts the emphasis from the goal of reducing mortality toward that of promoting positive health, the measurement of progress becomes more difficult. Death is a finite state that can be identified with precision, notwithstanding the recent scientific debates over certification of death prior to the use of the heart or other organs for transplantation. Serious morbidity can also usually be accurately diagnosed, although it may go undetected for lack of adequate screening programs until years after onset when the disabling sequelae of the disease manifest themselves and are readily recognized. For instance, it is estimated that only one half of the people in the United States with diabetes mellitus have had the illness diagnosed. A like number have serious morbidity that can be successfully treated—but only if the condition is detected. Nonetheless, in most instances of serious morbidity, as is the case with mortality, its measurement yields data that are indicative of an upswing or a decline in the health status—or more appropriately, the status of ill-health—of a population.

Definition of "minor morbidity" and "positive health," let alone the measurement rates, long-term trends, or other varia-

tions in a general health index constitute formidable problems. Yet for the children, adolescents, young and middle-aged adults of our society, these will increasingly become the critical measurements if we are to ascertain our relative success and failure in attaining health goals.

For the present, an increase in life expectancy; reduction in age-specific mortality rates; prevention of epidemics and the outbreak of certain infectious diseases (polio, tetanus, diphtheria, and typhoid); the early detection and treatment of potentially serious morbidity (cancer of the cervix and rheumatic fever); and a decrease in disability days experienced in the labor force are the surrogate measures of a population's health status.

The Health Endeavor

In the pursuit of "the highest level of health attainable for every person" the population devotes, individually and collectively, an extraordinary effort. The essence of the health endeavor is people giving and receiving services. However, if the encounter between people needing health services and people providing health services is to be productive, there must be organized arrangements for performing medical care functions. Each of these components is influenced by a multiplicity of variables— demographic, economic, social, and cultural.[8]

Beginning with people needing health services we find a challenging and rapidly changing picture. The population of the United States now exceeds 200 million. Of these, almost one half (96 million) are nineteen years of age and under, or sixty-five years of age and over. These age groups represent the most frequent consumers of health services. The population is projected to reach 225 million by 1975, 245 million by 1980, and will exceed 300 million before the year 2000 with proportionately greater increases in the youngest and oldest segments. Urbanization and persistent geographic mobility characterize our way of life. Shift of population from rural to urban centers is such that almost three quarters of the total population are located within

[8] *A Guide to Medical Care Administration* (Washington, D.C.: American Public Health Association, 1969), I, 15.

the 212 standard metropolitan statistical areas. The economic indicators of the gross national product (GNP)—disposable personal income and median family income—signify a continuously rising standard of living. Educational attainments are also rising.

In 1950 approximately one half of persons twenty-five years of age or older had completed high school or college. By 1975, three quarters of the adults in that age bracket will have achieved this level of education. These factors in combination with an extraordinary system of communications are features of a sophisticated population which is increasingly articulate in expressing its expectations and demands for health services.

Likewise, in marked contrast to the usual conceptualization of a single physician and his individual patient, the office nurse or bedside nurse with whom the average patient has occasional contact, the dentist we are admonished to visit every six months, or the community hospital not unlike the one in which most of us were born, the health enterprise in our society represents an array of resources and services that are virtually unmatched in their diversity, sophistication, complexity, and organizational challenge. The health enterprise in the United States is a vast and highly complicated social endeavor that accounted in 1972 for expenditures, both public and private, of $84 billion, 7.6 percent of all the goods and services produced,[9] and employed one out of every twenty individuals in the civilian labor force. Thus, as has been noted by one authority on health economics, the "one doctor to one patient mythology" must be replaced with a conceptualization consistent with the issues and reality of the day.

An appropriate conceptualization must recognize the sum total of the society's efforts directed toward the mitigation of illness and the realization of health. The limits drawn are arbitrary, especially when viewed in the context suggested by WHO's definition of health. Also, many other secular endeavors, such as education, agriculture, recreation, and conservation, are

[9] "National Health Expenditures, Fiscal Year 1972," in *Research and Statistics Note*, No. 19-1972 (Washington, D.C.: Social Security Administration, U.S. Department of Health, Education, and Welfare, 1972).

obviously relevant to the attainment of health. Nonetheless, those activities directed primarily toward the search for health —the resources, both human and material, and the myriad services derived therefrom—can be appreciated and discussed as an interrelated whole. This entity comprises the intangible as well as the tangible; that is, programs, people, and facilities. It signifies services, research, and educational activities.

The health endeavor requires the labors of physicians, dentists, nurses, and other professional and technical health personnel. It encompasses hospitals, nursing homes, rehabilitation centers, and health departments. It includes biomedical research programs; the pharmaceutical industry; hospital and medical insurance plans; large national voluntary health agencies; small area-wide planning councils; an interest of the federal, state, and local governments; and the participation of uncounted individuals from all walks of life. This list is no more than suggestive of the varied and extensive components. The work of millions of people and expenditures totaling billions of dollars annually constitute the health enterprise. This endeavor represents a significant segment of the energy and fabric of our society.

These are a few of the dimensions of the health endeavor. These efforts constitute a vast societal enterprise that embraces innumerable and varied components. However, do these components taken together constitute a health enterprise or an illness system? Where lies the focus? How shall we direct our energies? Toward eradication of disease or toward promotion of well-being? What shall be our priorities?

Well-Being or Disease?

Greek medicine, some twenty centuries ago, concentrated on the preservation of health. There was a concern for the life style of the individual, his habits of hygiene, nutrition, exercise, and over-all behavior.

During ensuing centuries the focus was increasingly on disease and pathology. It is only in relatively recent times, the last few centuries, that specific causative factors in disease were identified. The work of Pasteur, Koch, and Ehrlich ushered in the

era of microbiology and demonstration of the link between specific microorganisms and disease states. These discoveries were to shape the character of medicine more profoundly than virtually any other development. One of the consequences was the assumption that for a single disease there was a single etiologic agent. Energies were directed toward elimination of the organism rather than modification of the host. Definitively, this heritage has resulted in great strides for modern scientific medicine. However, one cannot help but wonder whether something has been lost in the whole picture.

Dubos has long maintained that disease lies with the host. He looks at illness in the classical epidemiological context; that is, the interaction of host-agent-environmental variables. All three dimensions must be understood if we are to comprehend the etiology of disease, which we increasingly recognize to be not the consequence of a single causative agent, but rather of multiple factors. With such a perspective we have a context for pursuing the prevention of disease and the promotion of health. In such an approach, host and environmental variables become very important concerns. Moreover, a health strategy becomes viable.

The implications of multiple etiology for disease prevention and health promotion are of interest. Tuberculosis is commonly ascribed to the tubercle bacillus microorganism. However, we know from skin testing that significant portions of the population carry hypersensitivity to the tubercle bacillus in their system, indicating prior infection, and yet never manifest clinical tuberculosis. Other hosts and environmental factors are apparently of critical importance. The characteristics of host resistance are not well understood and may include heredity, nutrition, exercise, natural resistance, stress, and so forth. Environmental circumstances, such as poverty or lack of it, occupational hazards, crowding, and so forth have been implicated. It is interesting to note that the incidence and prevalence of tuberculosis began to decline before the introduction of chemotherapeutic agents. This development can be correlated with socioeconomic trends. Might not these developments be construed as consistent with a health strategy?

Coronary artery disease is one of the leading causes of death at the present time. Although this disease is not well understood, risk factors have been identified. Patients with a hereditary predisposition to high blood pressure, obesity, elevated cholesterol and triglycerides, who work and live under stress, and who are cigarette smokers are more prone to the disease. Many of these factors can be modified through preventive programs, but they are not the priorities of our society. We are concentrating on mobile coronary care units and acute coronary care units in hospitals to deal with the disease once it occurs. We cannot do everything and we must make some choices. Shall there be a disease strategy or a health concern? I do not wish to imply that preventive measures are easy to execute. Many require significant behavioral change on the part of individuals, which is difficult to attain at best. Our ability to motivate people toward health is a significant challenge.

The field of mental illness provides an interesting disease model. Manic depressive disease has for many years been considered a hopeless psychosis, psychogenic in origin. Recent research has provided new insights. First came the discovery that lithium carbonate is a successful therapeutic agent. In 1972 evidence has been reported that the disease is associated with a genetic defect on the X chromosome [10] apparently linked with the gene defects for color blindness and the XGB blood factor. Now the questions arise: What interactions of genetic predisposition, personality type, and environmental stresses result in the disease? Can these be identified and modified in some way so that prevention will be effective? Since people who carry the gene defect do not necessarily contract the disease, there is apparently a strong influence of other host and environmental factors. If these can be identified, then positive strategies can be developed.

Lung cancer is clearly one of our most important public health problems. The causative relationship between cigarette

[10] Julien Mendlewicz, Joseph L. Fleiss, and Ronald R. Fieve, "Evidence for X-Linkage in the Transmission of Manic-depressive Illness," *Journal of the American Medical Association*, December 25, 1972, pp. 1624–27.

smoking and lung cancer is clear. Recent social policy decisions concerning labeling cigarettes and eliminating cigarette advertising from television constitute a health strategy. Obviously, it has not been successful, however, since tens of millions of people continue to smoke. This fact should be contemplated by anyone who considers behavioral change to be easy. However, new dimensions for looking at the problem of lung cancer are suggested.

It is clear, then, that the perspective we take to a problem influences overwhelmingly the approach to its solution. Robert D. Lang,[11] the noted British psychiatrist, argues convincingly that the initial perceptions of the patient influence the approach to, and treatment of, him. He further contends that perception can be distorted, as in the case of an optical illusion. This is a very real problem in the relationship to, and the treatment of, the mentally ill. I would add that our perceptions are based on our training, whether it have a disease orientation or a health orientation.

INTERACTION OF HEALTH AND HEALTH-RELATED SYSTEMS

In order to elucidate further the varying perspectives on health and illness, visualize a number of intersecting circles so drawn that some areas are common to several circles, some the property of only one circle, and one common to all the circles. The circles are labeled, respectively, "medical model," "health services model," "social services model," "human services model," "education," "welfare," "ecology," "housing," and so forth. Thus we have a representation of the complexity of our society. Now each circle represents a different perspective or perception of health and illness. In the medical model we have predominantly a disease orientation with a search for etiologic agents, usually a single etiologic agent. The health services model, in contrast, emphasizes functional capacity of the individual. The social services and human services perspectives are concerned with the social and community interactions. To date, the medical model has

[11] Robert D. Lang, *The Divided Self: an Existential Study in Sanity and Madness* (Baltimore: Penguin Books, 1965), pp. 1–25.

been very successful in attacking the problems of illness. This is not to say that the other perspectives do not have equal import if health is the objective. Where the several circles intersect we have circumstances in which an interdisciplinary collaboration is needed. The diagram becomes particularly relevant when we ask: How shall society cope with the problems? The relative import of each perspective is seldom contemplated.

The perspective of medicine has dominated our approach to the problems of health and illness. This has resulted in advantages and disadvantages. Eliot Freidson, the distinguished medical sociologist, examines medicine as the archetypal profession in our society. He argues convincingly that society has granted medicine the prerogative of defining its sphere of interests and responsibility.[12] As a consequence, medicine has defined unto itself subjects such as mental illness, alcoholism, drug addiction, and delinquency. In so doing it has brought these problems into the medical model for their solution. As noted, this can be a narrow focus with little or no attention to the multiplicity of host and environmental factors which can be of critical importance.

It would appear that the problems of mental illness and stress need to be viewed broadly indeed. Recent work by Christian, Calhoun, and Deevy on the biochemistry of crowding has many lessons for us.[13] In Calhoun's experiments [14] he has been raising colonies of mice in what would appear to be optimal environments. His findings are distressing. Dr. Calhoun provided adequate if not generous food, living space, and area for movement in his colony. The mice bred themselves into circumstances of overcrowding, resulting in a degeneration of community and individual behavior. Ultimately, they suffered from adrenal atrophy, lost interest in breeding, and the colony became extinct. Is there a lesson for man? One can only wonder. However, signifi-

[12] Eliot Friedson, *Profession of Medicine* (New York: Dodd, Mead, and Co., 1971).
[13] Edward T. H. Hall, *The Hidden Dimension* (Garden City, N.Y.: Doubleday Anchor Books, 1969), pp. 23–40.
[14] John B. Calhoun, "Death Squared: the Explosive Growth and Demise of a Mouse Population," in *Proceedings of the Royal Society of Medicine* (Rockville, Md.: National Institutes of Mental Health, 1973), XLVI, 80–88.

cant questions are raised concerning population planning and control and community development. These issues clearly need to be approached from a health rather than an illness model. Moreover, the diagram of circles suggests the multiple dimensions of interdisciplinary collaboration required in order to yield meaningful social policy decisions.

FROM MEDICAL CARE TO HEALTH CARE

In an article published in 1970,[15] Dr. Sidney R. Garfield, founder of the Kaiser Foundation Health Plan, discusses the evolution of medical care in recent decades and the kinds of medical responsibilities currently handled by the Kaiser Foundation Health Plan. He concludes that the population being served comprises the well, the worried well, the early sick, and the sick. It is this last category for which this prepaid group practice is mainly geared to serve. Moreover, in attempting to meet the needs of these patients optimally, the plan encounters scheduling problems because the well, the worried well, and the early sick are also seeking services.

Dr. Garfield proposes a delivery system designed to separate the sick from the well. He would establish a new method of entry into the system and four discrete, interacting components, the first three staffed by paramedical personnel under medical supervision:

1. *Health testing and referral service.* This service would include automated history, clinical laboratory tests, X-rays, electrocardiograms, and physiological studies.

2. *Health-care center.* This center would be responsible for health education, health exhibits, immunization, posture and exercise, psychosocial and drug abuse counseling, and nutrition, adolescents, family planning, prenatal, and well-baby clinics.

3. *Preventive maintenance service.* An array of clinics would include obesity, diabetes, hypertension, arthritis, mental health, geriatrics, and rehabilitation.

4. *Sick-care center.* This center would be staffed by a physi-

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[15] S. R. Garfield, "The Delivery of Medical Care," *Scientific American*, April, 1970, pp. 15–23.

cian with paramedical support, including physicians, group practice, and integrated facilities such as clinics and hospitals, special laboratories, radiotherapy, and intensive, acute, and extended care.

This proposal is an effort to move from the illness model to the health model in health services. In my opinion it would be a significant step in the right direction, an advance on a continuum toward health care. Achievement of this system, however, will be a formidable task. Certainly the proposal suggests some of the dimensions that must be considered as we formulate national priorities in health care.

HEALTH AND ILLNESS—A MATTER OF PRIORITY

As a society, the United States enjoys the finest medical care in the world. That is, our finest care, although equaled in some countries, is exceeded by none. When the issue of equity is examined, our claim to having the finest evaporates. The problem is one of accessibility, availability, and acceptability. In several societies in the world, the medical care utilized across the board by the entire population exceeds in both quantity and quality that available to all Americans.

One of the major social policy issues facing us is that of national health insurance, and there is an assumption that such a program could redress the imbalances in availability, accessibility, and acceptability. This may happen, although the proposals [16] so far submitted to the Congress do not offer much encouragement that the problem of equity will be solved. Moreover, the approaches suggested would appear to be developed from an illness rather than a health perspective. Even the proposals for health maintenance organizations,[17] which suggest a new concern, are in fact an effort to support either medical care foundations or prepaid group practices, most of which function

[16] Robert D. Eilers and Susan S. Moyerman, *National Health Insurance* (Homewood, Ill.: Richard D. Irwin, Inc., 1971).

[17] William R. Roy, *The Proposed Health Maintenance Organization Act*, Sourcebook Series (Washington, D.C.: Scientific and Health Communications Group, 1972), Vol. II.

on a very narrow medical model. The suggestions of Dr. Garfield are but a tentative proposal and hardly an operational reality.

As social policy proposals are formulated and debated in the coming years, we must examine their relative emphasis on health and illness. Priorities will be critical.

As a society we cannot do everything we want to do but must choose among alternatives. This reality was effectively illustrated in a study conducted by the Center for Priority Analysis of the National Planning Association.[18] Beginning with a detailed listing of fifteen national goals presented in *Goals for Americans,* the report of the Commission on National Goals appointed by President Dwight D. Eisenhower, the study attempted to delineate the costs of our societal aspirations. These goals, plus a sixteenth, established by the Kennedy Administration (conquest of space), would cost our society in 1975, 10 percent more than the projected total GNP. In health affairs, as was mentioned, expenditures for 1972 accounted for 7.6 percent of the GNP. This claim on national resources cannot be unlimited. Admittedly, the expenditures have been growing rapidly throughout the past decade at a rate that if continued to 1980,[19] would result in spending for health and medical care one out of every ten dollars worth of goods and services in the entire society. It seems doubtful that this portion can be exceeded or even realized. Other societal needs are too great.

Priorities must be set and our values stated explicitly. Will they be health or illness values? If all the relevant disciplines and professions are involved in this setting of priorities, it is my conviction that the appropriate mix of values will result in preferred priorities vis-à-vis health and illness care. We clearly need both, but to what extent for each?

Sir Richard Livingston, in my opinion, presents the essence of

[18] Lenord Lecht, *The Dollar Cost of Our National Goals,* Research Report No. 1 (Washington, D.C.: Center for Priority Analysis, National Planning Association, 1965).
[19] "Projections of National Health Expenditures, 1975 and 1980," in *Research and Statistics Note* No. 18-1970 (Washington, D.C.: Social Security Administration, U.S. Department of Health, Education, and Welfare, 1970).

our challenge: "A technician in contrast to a professional is one who knows every aspect of his work except its ultimate purpose and social consequence." Our purpose, after all, is health. How shall we proceed?

National Health Insurance

C. ARDEN MILLER

In laborious and sometimes painful ways our country has moved toward wide acceptance of the proposition that some form of compulsory national health insurance should be enacted. That movement is, in fact, not so very impressive because it represents no consensus on who should be the beneficiaries. Recent experience suggests more alternatives than had once been supposed.

Title 18 of the Social Security Act essentially is a compulsory national health insurance program for a select age group—those over sixty-five years of age. The program (Medicare) has been an important bellwether for national health insurance on a broader scale. It has taught some unexpected lessons. For example, social reformists now realize that health insurance programs, even though they remove financial barriers for those who are able to reach care, will not necessarily produce more or better health services. Some other barriers seem even more obstructive than financial ones, and there is an effort to merge their resolution into something more extensive than an insurance program. On the other hand, providers of services, represented largely by professional interests, have observed from Medicare that health insurance programs can be a kind of public subsidy, not necessarily changing our medical care delivery system but entrenching and perhaps enriching it.

Economists realize that health insurance can be seriously inflationary and must be controlled. And private commercial interests have discovered that health insurance can be profitable.

We have not agreed on the principal beneficiaries of a na-

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tional health insurance program. Are they the consumers or the providers and payers of health care? Or are they new commercial interests that see profitable managerial involvement in a rich sector of our economy so far largely free of corporate management? We must acknowledge that a separation of interests does, in fact, exist. Long ago the country did not accept that what was best for General Motors was best for the country. The country does not accept now that professional altruism and ethical principles are sufficient safeguards to protect the public interest in matters of health. Evidence abounds that those who provide or pay for health services can be every bit as self-serving and exploitative as any other important aspect of big business. The fact that health services are big should surprise no one. The fact that they are considered big business should not surprise those who are aware of the new emphasis that attaches to market incentives as a proposed device for improving health services. Milton Roemer writes of this prospect:

There can be no doubt of the corrupting influence of profit making in American health service. The unnecessary surgery, the waste and inefficiencies of private solo practice, the profiteering of the drug industry, the entrepreneurialism of sub-standard nursing homes and proprietary hospitals—these and other problems are real.[1]

The market system equalizes supply and demand by means of competitive pricing. There is no factor in this equation for need; there is none for social values. National health insurance represents public money newly available in our health system, and we are caught up in conflict over who will control that money and share in it. In part, the dilemma revolves around the extent to which profit-making in health services must be controlled by government in order to protect the public interest.

We face the paradox of seeming to be closer to an acceptance of national health insurance while at the same time developing greater and deeper disagreements about the form, the mechanisms, and the benefits to be derived from such an important

[1] M. I. Roemer. Quoted from a book review in *International Journal of Health Services,* II (1972), 121.

program. Will it be a means for access to health services for all people or will it be a subsidy for our present systems of service, exaggerating present advantages as well as defects?

Some analysts have observed that health insurance should be only a financing device designed to eliminate some economic barriers to health services; attempts to attach reforms and controls of the delivery system jeopardize important immediate advantages of public financing. This perspective argues for one step at a time, each change in its own season. The thrust of this analysis suggests that we are all moving in the same direction and that the issue is only one of deciding whether to take a baby step or a giant step. The matter is not so simple. Even if we take only a baby step, the direction of that step may be all important; and we are not all pointed in the same direction. Many of us would like it to point toward an acknowledgment that the consumer has rights to health and to health services, that these rights must be protected by government, and that they must not be negotiated away around price in a supply-and-demand market. We have a long, elaborate, national tradition for protection of property values in our courts and legislatures. We have little experience with mechanisms to protect human and social values, although we have begun it with our civil rights enactments.

National health insurance may not be the most important issue around which to develop a new national emphasis on social values, but it is the most immediate issue. Many people, including respondents to surveys among the poor, suggest that matters of health are not their highest priority. Housing, jobs, income, and education might come first. But circumstances support speculation that national health insurance is an issue around which more is being determined than removal of economic barriers to health services. Health insurance is a kind of proxy indicator to the directions we shall take with regard to public responsibility —not just toward medical care, but toward people.

What are some of the specific issues?

Methods of financing. Health insurance proposals depend on mixed sources of financing: contributions are proposed from employer, from employee, and from government on behalf of the

unemployed. Government's contribution is critical to avoid re-
quiring that the near poor support services to the poor. Even so,
the near poor will pay a disproportionately large share of their
income for the same benefit as those received by the affluent.
Compulsory insurance could be construed as a regressive tax, in
which case financing by means of general revenues appears more
equitable. There are ideological differences here; consensus has
not been reached.

Removal of economic barriers to health services. Proposals
range all the way from public assumption of the full cost of all
health services to maintaining the *status quo* except with regard
to the crushing effects of a medical catastrophe that would de-
plete a family of all its property and economic resources. Nei-
ther of these extremes holds a great appeal. Economic catastro-
phe from serious illness is largely a middle-class fear. People
whose everyday lives are a catastrophe, people who have no
property to lose, do not much fear further indebtedness that
comes from serious illness. Health insurance could be written
largely as a middle-class benefit.

The other extreme, total payment for all services, is generally
discarded in the belief that some economic barriers to services
need to be retained in order to prevent overuse of the system. It
is a curious situation. Evidence does, in fact, exist that our
health care systems are in some ways overutilized. Excellent
studies document the high occurrence of unnecessary surgery and
the use of expensive hospitalization for procedures that could be
done more economically on an ambulatory basis. But these are
circumstances of abuse that are decided, not by patients, but by
physicians. Physicians themselves must be curtailed from over-
use of our expensive medical care system. No patient that I
know wishes to have an unnecessary hysterectomy or tonsillec-
tomy, and only a few wretched, neurotic souls enjoy spending
unnecessary days in a hospital bed. These decisions are made for
patients by our medical care system.

Restraints and controls need to be introduced into the deci-
sion-making chain that is set into motion once the patient makes
his first contact with health services. That contact is almost the

patient's only decision. Is there evidence that the American public makes too many first contacts with the health care system? If so, why do we continue to exhort the public to participate in programs of routine checkups and medical follow-through of early warning signs of disease? Do we not desire a system of health service that guarantees to all people equal access to care? And do we not believe that early entry into systems of care is essential for early treatment and for preventing serious illness and complications?

If equal access and early entry are, in fact, desirable objectives, then should we not devise processes to make these objectives possible? Services might need to be better structured to make use of screening procedures and new kinds of health manpower. But do we really wish to establish, through coinsurance and deductibles, deterrents to keep people out of the system?

Arguments are proposed that we cannot afford to pay for open access to health services. How do we know that? How do we know what very high price we are paying now for a continued emphasis on crisis care? The truth is that our technology is geared to the care of the very sick. It is an expensive technology, and we make a mistake in using the same technology to care for the not-so-sick and for the worried well.

Indeed, it is true that health insurance will not solve all our problems. Moreover, the public may expect that more problems will be solved than may be the case. Many poor people believe that national health insurance will provide them with free and open access to health services.

New methods for compensating providers. Most policy analysts, the medical societies excepted, advocate a change from paying physicians by traditional fee-for-service and toward a prepayment system. Experience with prepayment derives largely from the large group practices which indeed have demonstrated economies by reducing both unnecessary hospitalization and inappropriate surgery. Presumably with prepayment the physician works hard to keep his clients well; in fact, the provider organization can survive economically only by maintaining a clientele that is as healthy as possible. The high promise of prepaid group

practices has been incorporated into many health insurance pro-
posals as health maintenance organizations (HMOs) from which
an enrolled clientele would receive health services on a prepaid
basis with such exceptions as might be necessary in order to pre-
vent overuse of the system.

As promising as HMOs are, there is much about them that we
do not know. Our greatest experience with them relates to en-
rollment of middle-class people who have the financial resources
to go outside the system for selected services whenever they wish
to do so. About 50 percent of all people enrolled in prepaid
group practices do, on occasion, buy services outside the system.
Poor people will not have this option. We do not yet know
whether HMOs can adopt a style of service appropriate to peo-
ple of all social, economic, and cultural backgrounds. Although,
theoretically, multiple HMOs could be established by commer-
cial interests, by provider interests, or even by groups of con-
sumers, few people are persuaded that so many HMOs can be es-
tablished that potential clients will have wide choice as to the
kind they prefer.

Although HMOs are established with the philosophy that
they will maintain health and prevent illness, their record of
prevention is a fairly limited one, having little to do with home
care and with environmental, occupational, and sanitary con-
cerns. Although these matters have not been conspicuous with a
middle-class population, they might be of great importance as
large numbers of poor people become enrolled. Finally, we have
too little experience to know what happens to the services in an
HMO when the profit incentive is strengthened. To what extent
can the quality of services be maintained against incentives to
cut corners in order to increase profits?

Administration. Many analysts observe that government has
not demonstrated an administrative aptitude for assuming re-
sponsibility for a government-operated program as extensive as
national health insurance. This failing suggests that private busi-
ness must assume, on behalf of the American public, responsibil-
ity for managing the health insurance program. The prospect
holds a number of attractions, especially to insurance companies.

According to an article in *Fortune,* HMOs, supported through a system of national health insurance, would "offer insurance companies a chance to collect a percent fee for marketing the service, and another fee for managing it without ever exposing themselves to any risk of fluctuating claims."[2] No one is surprised that these attractions stimulate enormous interest in the private sector.

Thoughtful critics must ask again: who are the beneficiaries of the national insurance program? Conceivably, the public would receive maximum benefits through private management and under government controls in the fashion of public utilities, but the success of this option depends on far more extensive governmental control than has so far been suggested. Havighurst's careful analysis of HMOs, oriented toward advocacy of the market system, concludes that if the market model cannot be embraced wholeheartedly, it will probably have to be rejected altogether in the long run.[3] The concept of placing large amounts of public money in private hands without an extensive system of standard-setting, monitoring, and control in the public interest would concern many of us.

With equal appropriateness one could examine the thesis that government has not demonstrated an aptitude for administering extensive and complicated health service programs. Is that true? A number of extensive governmental programs seem to function with great efficiency, one of them being the world's largest system of hospitals, that of the Veterans Administration. Another impressive example is the federal employees health benefits program for which a variety of private intermediaries are utilized, all closely controlled by the government.

A case can be made that government is most inept at administering its programs when its commitment is weak or compromised. Its commitment to establish regional medical programs was hamstrung by early restrictions; and the program was not

[2] M. B. Rothfield, "Sensible Surgery for Swelling Medical Costs," *Fortune,* April, 1973.
[3] C. C. Havighurst, "Health Maintenance Organizations and the Market for Health Services," *Health Care:* Part II. Law and Contemporary Problems, Autumn, 1970, pp. 716 ff.

successful, though its potential was very real. There is no reason to suggest that its disappointments were related to administrative ineptitude as much as to compromised administrative direction. Government's role in administering a national health insurance program would need to be carefully examined for evidences of compromise and inhibition of effectiveness on behalf of privileged interests.

Scope of benefits. Insurance principles tend to exclude high risks for the sake of solvency. To what extent would high-risk patients be excluded from benefits of national health insurance? What effect would these exclusions have on the nation's health?

Dr. Arthur Lesser has cogently reviewed national health insurance as it relates to support of maternal and child health services.[4] His perspectives are urgently relevant, since much of the concern leading to an interest in national health insurance derives from this nation's poor record with respect to infant mortality and other health indices associated with the maternity cycle. Lesser raises the following issues, not in relation to any single proposal of health insurance, but in relation to much current emphasis:

1. Many insurance programs propose treatment of the family as a unit, excluding single people and those not living with their families. Such exclusions might well mean that 40,000,000 people would derive no benefit. Among those excluded each year would be 200,000 unmarried girls who might be deprived of maternity benefits because they do not live in a family unit. These girls and their babies are the very ones who represent the highest risks to our nation's health and who contribute most to our deplorable data on death and disease. Attempting to improve these indices while at the same time excluding from benefits the population at highest risk is an unthinkable paradox.

2. Many proposals exclude maternity benefits except after a nine-month enrollment period. These exclusions would affect 22 percent of the first-born babies of married women between twenty and forty-five years of age, and 40 percent of first-

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[4] Personal communication.

born babies of couples where the mother is less than nineteen years of age. Health planners must recognize that a high proportion of first-born babies in American families are conceived before marriage. Health insurance programs which deny maternity benefits to these mothers and infants will perpetuate a sorry record for maternal and infant well-being.

3. Some proposals specify deductibles for the first two days of care following delivery and require coinsurance to cover 25 percent of the cost of the remaining days. Currently, the average duration of hospitalization after delivery is four days. If the first two days are excluded by a deductible, and coinsurance must cover a major portion of the remaining two days, then national health insurance will have done very little to improve pregnancy outcome.

4. Some insurance proposals do not provide coverage of newborn babies on the day of birth. They also exclude any medical condition that existed prior to enrollment. Hence all infants and children with congenital defects and birth abnormalities would be excluded from benefits and supports under national health insurance. Other deductibles provide that infants will be covered only after thirty days of age, thus effectively avoiding benefits for premature infants. About 7 percent of all newborn babies have a low birth weight, classifying them as premature infants; the proportion is much higher among poor people. Health insurance would not help them; yet prevention and expert care for premature infants probably would do more to improve this nation's health indices than any other emphasis that could be developed. Some states, among them Missouri, have recognized the importance of this emphasis and require that insurance programs cover infants from the time of birth. This enlightened attitude is not reflected in some current proposals for national health insurance.

We shall have, in time, a program of national health insurance; and initially, at least, it will undoubtedly be a modest program. If we are not alert, it will absorb a great deal of the available funds for health services and will not cope with many of

this country's greatest health concerns. Health insurance could emerge largely as a middle-class benefit, and the health problems of the poor and disadvantaged would continue largely untouched.

At some point we must work rigorously for a systematic provision of health services. These services must include the full range of programs provided by local health departments and by organized health service projects, such as those epitomized by comprehensive neighborhood health centers, maternal and infant care, and children's and youth projects. People who are disadvantaged by social, racial, economic, or geographic neglect may need special organizational forms to guarantee services unique to their needs. Health insurance not only could miss that mark but could soak up public funds in a way that would preclude energetic approaches in new directions at any time in the near future.

We need a program of national health insurance, but it must be launched with beneficiaries, priorities, and objectives clearly in mind. Our country needs desperately to serve noble purposes. National health insurance should be a part of that effort.

Society and Illness:
the Right to Health Care

WILLIAM B. NESER

THE ROLE OF SOCIETY in creating illness, the resulting need for care, and the evaluation of society's attempts to meet this need are interrelated as they form a single, cyclical process which encompasses the risk of illness and the right to care.

The causation of the chief diseases which result in disability or mortality in the United States is a complex matter. In the past, *the* cause of a disease was considered a closed issue as soon as a relationship between a disease and a particular microorganism, toxic agent, or some other aspect of the physical environment (such as radiation) was discovered. Eventually, however, it was found that the identification of a single cause did not clarify the problems of differential disease distribution—the concentration of illness in particular population subgroups. In fact, a single cause could not be found for a number of the most common chronic diseases. These problems led to development of a multicausal model where several factors are considered in the generation of a specific disease. More recently there has been a focus upon including the social environment and the presence of other members of the same species in determining the pathogenicity of an environment.

There is growing evidence that the social structure promotes differential disease causation within a complex society such as ours. The most rigorous evidence, which comes from experiments with animals, goes beyond a simple implication of nutrition or genetic variation. When nutrition, genetic stock, and a

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number of environmental factors such as temperature and sanitation are controlled, a wide variety of diseases can be evoked in susceptible animals merely by increasing the population density or confusing territorial control. These diseases range from increased susceptibility to external insults such as chemicals and infections to the generation of chronic diseases such as hypertension and cancer.[1] The human analogue of this process clearly is not this simple. There are crowded human populations which do not exhibit these properties.

Cassel recently advanced several hypotheses which appear to clarify the linkage between the social environment and human disease: [2]

1. The social process linking population density to disease susceptibility is not crowding per se but the disordered social relationships that result from crowding.

2. All members of a population are not equally susceptible; the more dominant show the least effects, and the subordinate ones have the more extreme responses.

3. Individuals may be protected from the consequences of social disorganization both by biological factors (such as adaptive capacity) and by social factors (such as group support).

4. While variations in social group relationships enhance susceptibility to disease in general, the specific determination of disease is a function of genetic predisposition plus whatever physiochemical or microbiologic insults the individual encounters. Thus, the generation of some illnesses is a complex function of disordered social relationships, subordinate social position, absence of protective factors, genetic predisposition, and encounters with various noxious agents.

[1] Robert Ader, Albert Kreutner, and Harry L. Jacobs, "Social Environment, Emotionality and Alloxan Diabetes in the Rat," *Psychosomatic Medicine*, XXV (1963), 60–68; John J. Christian and H. O. Williamson, "Effect of Crowding on Experimental Granuloma Formation in Mice," *Proceedings of the Society for Experimental Biology and Medicine*, XCIX (1958), 385–87; James P. Henry, John P. Meehan, and Patricia M. Stephens, "The Use of Psycho-social Stimuli to Induce Prolonged Hypertension in Mice," *Psychosomatic Medicine*, XXIX (1967), 408–32.

[2] John Cassel, "An Epidemiological Perspective of Psycho-social Factors in Disease Etiology." American Public Health Association Annual Meeting, Philadelphia, 1971.

A number of diverse human ills appear to fit these conditions. Social or familial disorganization has been related to increased rates of tuberculosis, mental disorders, arthritis, hypertension, coronary heart disease, and death from stroke.[3]

The disproportionately high amount of hypertension among black Americans has been evident for quite some time. This is particularly true for the relatively young adult blacks. Frequently, this excess of pathology has been attributed to genetic factors and diet. Such high rates of hypertension, however, are not found in rural Africa and are only approached in white-dominated urban areas. Also, the dietary factors—salt and fat intake—are present in other populations without the concomitant rise in blood pressure. Genetic and dietary factors, then, do not adequately account for the excess hypertension among black Americans.[4]

A more promising approach is found in Harburg's studies in Detroit.[5] In his work, variations in social environment breakdown and self-perceived environmental threats together with genetic variation are compared for blacks and whites in relation to hypertension. The results to date indicate that blood pressure varies by socioecological niche (sex, race, and residence, which reflects social class) as well as by degree of self-perceived stress and how anger is handled. When the degree of environmental stress was examined, no difference was found between the males

[3] Thomas Holmes, "Multidiscipline Studies of Tuberculosis," in P. J. Sparer, ed., *Personality Stress and Tuberculosis* (New York: International Universities Press, 1956); Dorothea C. Leighton *et al.*, *The Character of Danger* (New York: Basic Books, Inc., 1963); William B. Neser, Herman A. Tyroler, and John C. Cassel, "Social Disorganization and Stroke Mortality in the Black Population of North Carolina," *American Journal of Epidemiology*, XCIII (1971), 166–75; Norman A. Scotch and H. Jack Geiger, "The Epidemiology of Rheumatoid Arthritis; a Review with Special Attention to Social Factors," *Journal of Chronic Disease*, XV (1962), 1037–67; S. Leonard Syme, Merton M. Hyman, and Philip E. Enterline, "Some Social and Cultural Factors Associated with the Occurrence of Coronary Heart Disease," *ibid.*, XVII (1964), 277–89.

[4] James P. Henry and John C. Cassel, "Psychosocial Factors in Essential Hypertension: Recent Epidemiologic and Animal Experimental Evidence," *American Journal of Epidemiology*, XC (1969), 171–200.

[5] Ernest Harburg *et al.*, "Stress and Heredity in Black-White Blood Pressure Differences," progress report to National Institutes of Health, Ann Arbor, Mich., 1971.

of the two races. People of high status had low pressures and vice versa. To date, genetics appears to account for only a small part of the variation in hypertension. The known relationships between blood pressure and smoking, age, and overweight were also present in this study.

A frequent result of sustained hypertension is a stroke death. In another study, Neser reviewed all the stroke deaths which occurred in North Carolina over a nine-year period in relation to social disorganization and county of residence.[6] When the counties were ranked by amount of white race social disorganization and white stroke deaths were analyzed, there was a random pattern of death rates for both males and females. When the counties were ranked by amount of black social disorganization and black stroke deaths were analyzed, however, there was a distinct pattern of mortality. Stroke death rates increased in a marked stepwise fashion as social disorganization increased. The largest death rate differential across county groups of social disorganization was two and a half times, which was found at ages thirty-five to forty-four years for blacks of both sexes. The relationship persisted but decreased in magnitude as age increased. At the time of the study period (1956–64) there was no question about the blacks being the subordinated members of the population in North Carolina; and there was a definite lack of supporting social structure in these counties. Also, the findings were unlikely to be a function of either income level or the geographic location of the counties.

These are just two examples of the continually increasing data documenting the relationship between social structure and susceptibility to disease. The gist of all the studies is that the social structure promotes physical illness. More important, physical illness is disproportionately generated for those at the bottom of the class structure. In other words, people who are subordinated, who are already burdened with other problems, have an increased risk of becoming ill. Instinctively, we have known this for a long time but we are just now learning how this process

[6] Neser, Tyroler, and Cassel, *op. cit.*

takes place via the neuroendocrine system and how much pathology it generates. We are becoming more sophisticated in that we are replacing "do-gooder" feelings with facts about the real consequences of life in our society. But facts about disease are of little value unless they are incorporated in medical practice.

HEALTH CARE NEEDS

Given these facts about risk of illness and death, the prudent health care planner would place the highest priority on providing preventive and curative services to those most at risk to these debilitating diseases—the persons who are surrounded by social disorganization, those who are at or near the bottom of the social status hierarchy. Unfortunately, this has not been the case. The very persons with high-priority medical needs generally have been ignored by the bulk of private medical practice or have received shoddy treatment in charity clinics. The maldistribution of disease is coupled with the maldistribution of prevention and treatment efforts and the problems of high risk and unmet need are compounded. Status-seeking within the medical profession itself has promoted practice with the more wealthy in our society; and esoteric medical specialties designed to meet the needs of relatively few persons, as exemplified by the heart transplant fad, have further drained off physicians from local practice. Given the present state of the art, it is an exceptionally rare person who can sustain any real benefit from a heart transplant. Yet, at the same time, the National Health Survey shows that one out of five adult blacks in this country has hypertension (and conventional treatment for elevated blood pressure is inexpensive, easily administered, and relatively effective).[7]

In relation to stroke deaths, essentially the same disproportion exists for the relatively younger adult blacks. For example, the black male aged forty-five through forty-nine has nearly five times the risk of dying from a stroke in this country than a white

[7] U.S. National Center for Health Statistics, "Blood Pressure of Adults, by Race and Area, U.S., 1960–1962." Series 11, No. 5 (Washington, D.C.: U.S. Government Printing Office, 1964).

female of the same age.[8] If the stroke is not fatal, there is need for continued medical care, physical rehabilitation, and vocational adjustment.

Similar health care needs of minority and low social status groups are well-known. They could be documented in the areas of maternal and infant health, mental health, nutritional status, child development, geriatric care, environmental and occupational hazards, and so forth. Our concern now is: what is being done to meet these needs?

HEALTH CARE MODELS AND EVALUATION

To remedy the lack of adequate local medical care for minority and low social status groups, a number of alternative medical care models have been developed. These variations from the private practice and charity clinic model have been variously termed "neighborhood health centers," "comprehensive outpatient departments," and "community health" or "mental health centers." Many of these units employ extensive outreach programs. All these newer programs are dedicated to meeting the health care rights of local persons to at least some degree of adequacy. These agencies dutifully report the volume of staff activities, the number of patients seen, and other service data. However, the nagging question continues to be: are the neighborhood health agencies really improving the health of their respective local populations?

True evaluation is not easily undertaken.[9] Such an evaluation entails knowing the local population's sociodemographic characteristics, being familiar with indicator diseases or high-risk groups which would reflect medical intervention, and measuring actual health changes in the community over a period of time. The actual model for evaluating the impact of a neighborhood agency upon community health is based upon a series of logical questions pertaining to risk: Who is at risk, particularly high

[8] Lewis C. Robbins and Jack H. Hall, *How to Practice Prospective Medicine* (Indianapolis: Slaymaker, 1970).

[9] William B. Neser and Samuel Wolfe, "Problems Encountered with Measuring Biologic Outcome of Health Services," American Public Health Association Annual Meeting, Atlantic City, N.J., 1972.

risk, to the diseases or health problems of concern? Are we reaching those at risk? When we reach some people at risk, are we doing them any good? What is the cost benefit or cost effectiveness of identifying, bringing to treatment, and continually following up the persons at risk?

In a study currently being conducted by the Center for Health Care Research of Meharry Medical College, Nashville, Tennessee, hypertension in a predominantly black, ghetto population is being used as an indicator to test the effectiveness of a neighborhood health center.[10] All household units in two sample areas are being visited, and blood pressures are taken of adults twenty-five through sixty-four years of age. In the control area the people have only private practice or charity clinics for their medical care, while in the other area the people have access to a comprehensive neighborhood health center with an extensive outreach service. This is a test, through the use of a biologic indicator, hypertension, of whether the neighborhood center is really reaching the people in need more effectively than the traditional medical care system.

This same indicator, untreated hypertension, also shows the adequacy or inadequacy of meeting the health care rights of those at high risk. Health care rights are being violated when, as was found in this study, people avoid securing a diagnosis or discontinue medication because of the cost. Where is the right to health care when people "can't afford" to admit being ill? Where is the right to health care when clinics will not accept "the indigent"? Where is the right to health care when a domestic employee continually faints on the job from high blood pressure but the employer does not know where to send her for treatment? These simple questions illustrate that we have a long way to go toward making the right to health care a reality.

In the near future we will hear much about the advantages of health maintenance organizations (HMOs). It is true that these health plans have many positive features, including focus upon

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[10] Samuel Wolfe *et al.*, "Evaluation of Health Services in a Largely Black City Slum," report to the National Center for Health Services Research and Development, Nashville, Tenn., 1971.

preventive services and local sponsorship. Unfortunately, these plans do not attempt to cope with the geographic maldistribution of medical services or the shortage of primary care physicians. The HMO is but a limited step toward meeting the right to health care.

Rights are not absolute. They are relative to the constellation of other human needs. To date, the right to health care in this country has been suppressed in favor of meeting more glamorous but base, shallow needs. We need more hard work to change the hierarchy of priorities. It is particularly ironic that our society has been most adept at ignoring the very problems it creates. This overview of stroke and hypertension in our black population is just one illustration of the process by which our social structure generates health problems and then evades responsibility for meeting the needs it creates.

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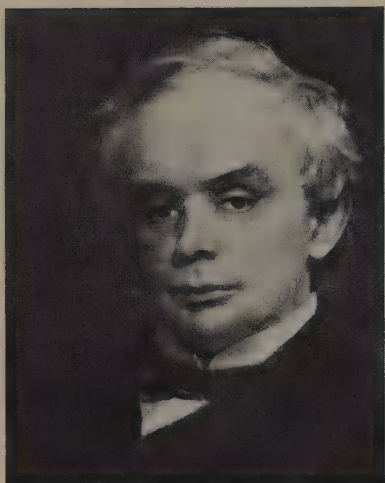
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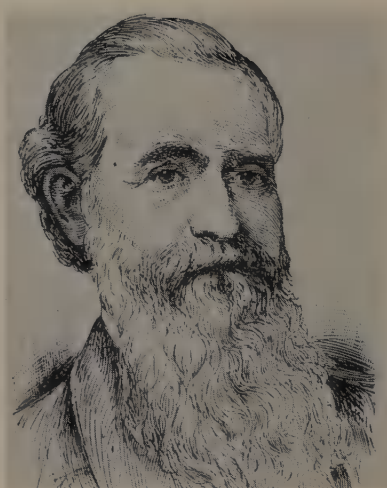
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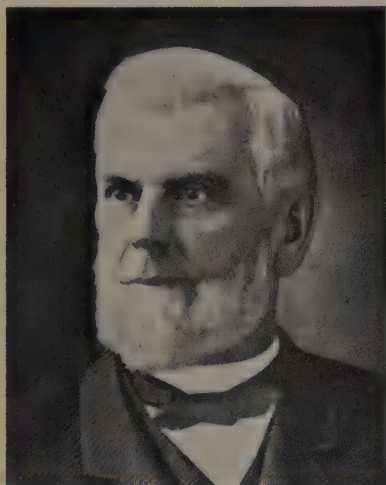
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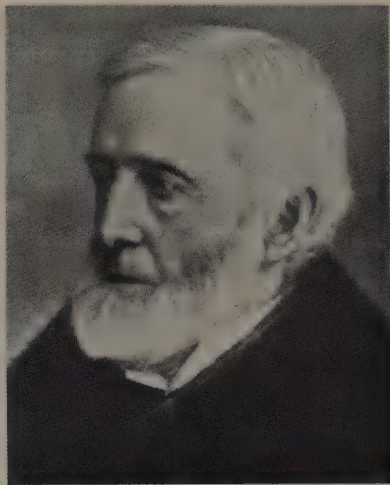
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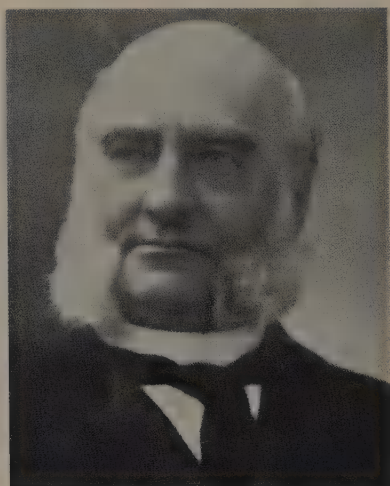
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St. Paul—1886

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Omaha—1887
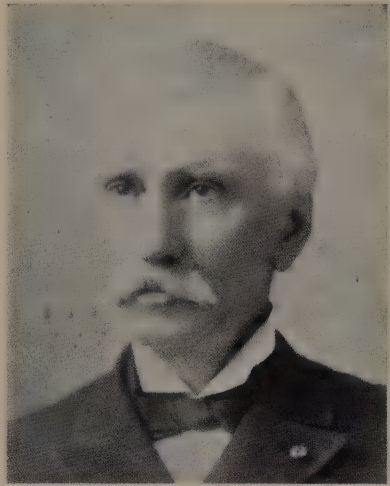
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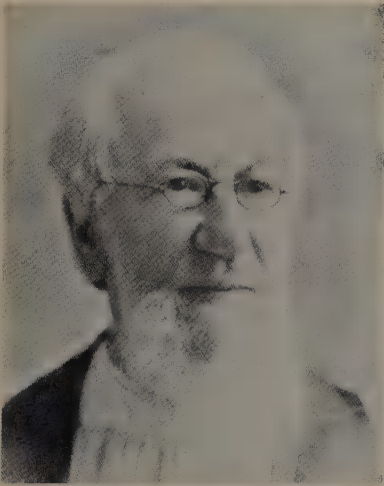
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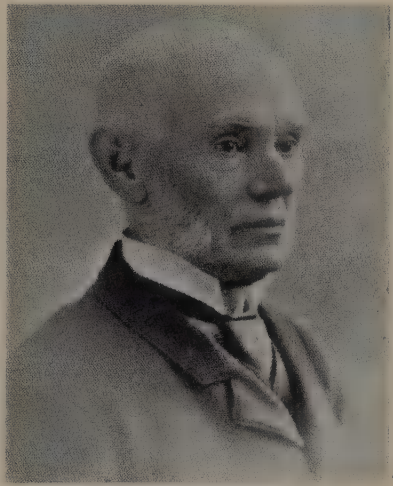
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Oscar C. McCullough
Indianapolis–1891
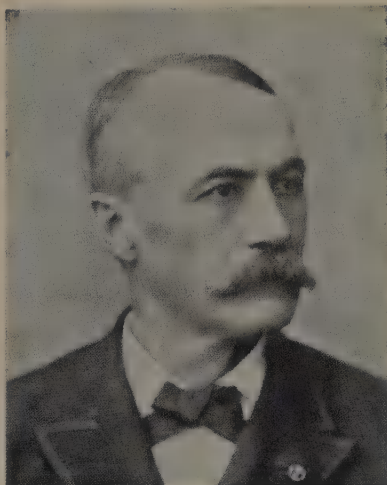
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Denver–1892

Hastings H. Hart
Chicago–1893

Lucius C. Storrs
Nashville–1894

ROBERT TREAT PAINE
New Haven–1895

ALBERT O. WRIGHT
Grand Rapids–1896

ALEXANDER JOHNSON
Toronto–1897

WILLIAM R. STEWART
New York–1898

CHARLES R. HENDERSON
Cincinnati–1899
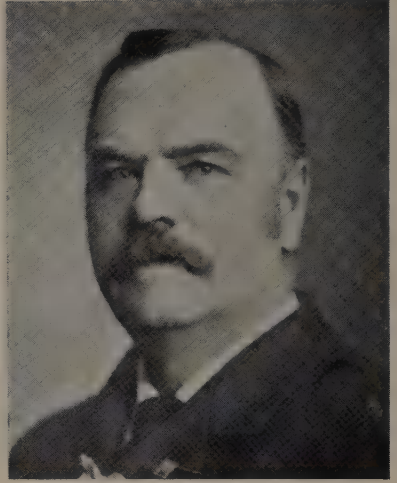
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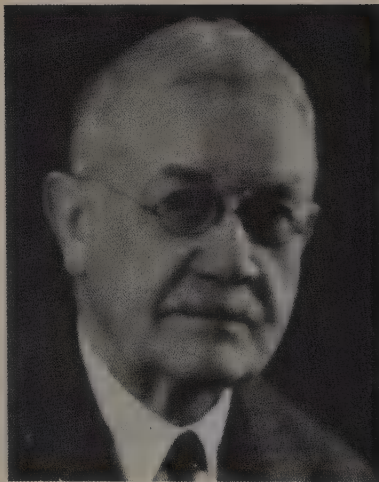
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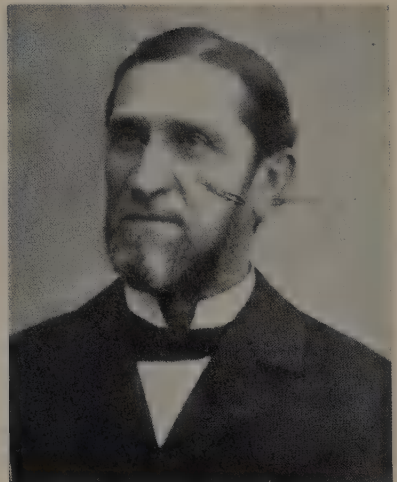
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ROBERT W. DE FOREST
Atlanta—1903

JEFFREY R. BRACKETT
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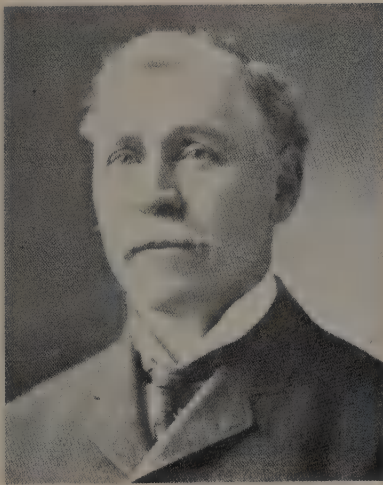
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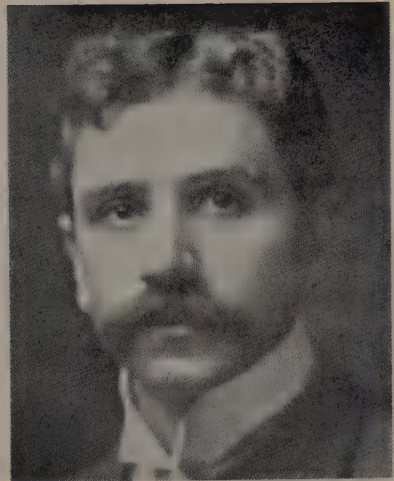
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AMOS W. BUTLER
Minneapolis–1907
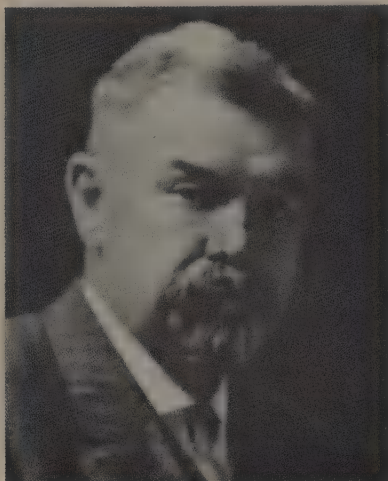
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Richmond–1908

ERNEST P. BICKNELL
Buffalo–1909

JANE ADDAMS
St. Louis–1910

HOMER FOLKS
Boston–1911   Washington–1923

JULIAN W. MACK
Cleveland–1912
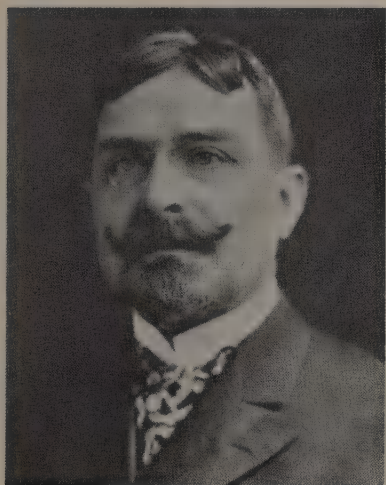
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Seattle–1913
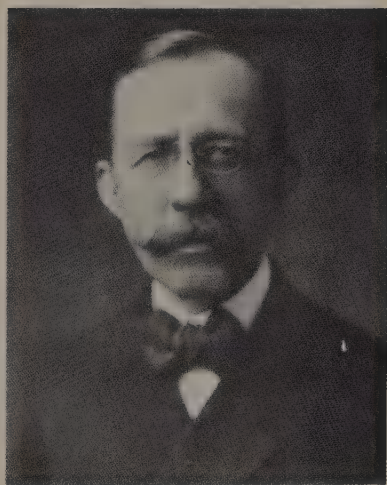
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Memphis–1914

MARY WILLCOX GLENN
Baltimore–1915
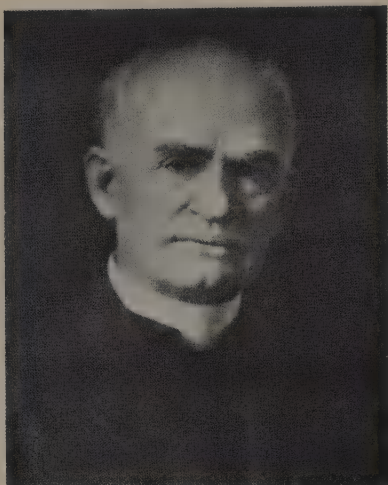
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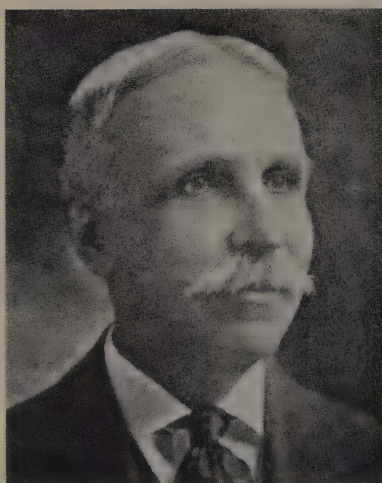
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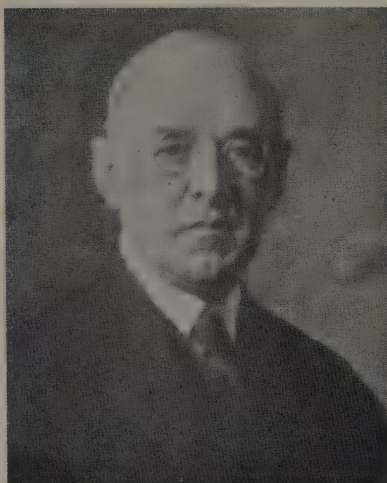
ROBERT A. WOODS
Kansas City, Mo.–1918

JULIA C. LATHROP
Atlantic City–1919

OWEN R. LOVEJOY
New Orleans–1920

ALLEN T. BURNS
Milwaukee–1921

ROBERT W. KELSO
Providence–1922

GRACE ABBOTT
Toronto–1924

WILLIAM J. NORTON *
Denver–1925

GERTRUDE VAILE
Cleveland–1926

JOHN A. LAPP
Des Moines–1927

* Living Presidents.
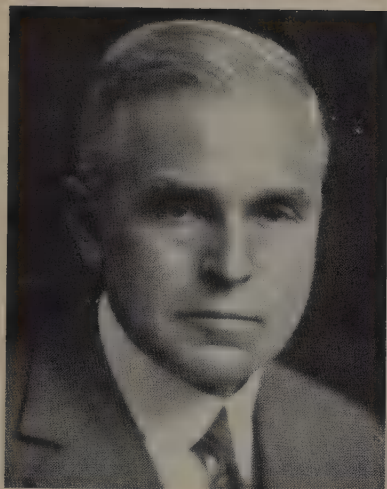
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PORTER R. LEE
San Francisco–1929

MIRIAM VAN WATERS *
Boston–1930

RICHARD C. CABOT
Minneapolis–1931
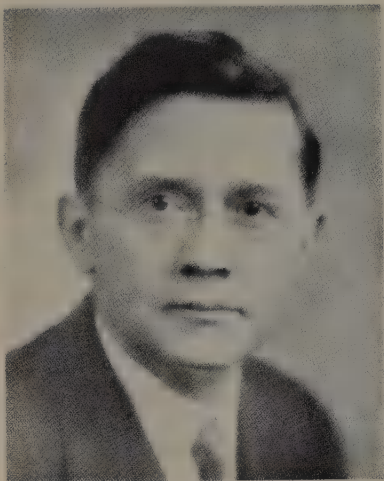
C. M. BOOKMAN
Philadelphia–1932

FRANK J. BRUNO
Detroit–1933

WILLIAM HODSON
Kansas City, Mo.–1934

KATHARINE F. LENROOT *
Montreal–1935

Msgr. Robert F. Keegan
Atlantic City–1936

Edith Abbott
Indianapolis–1937

Solomon Lowenstein
Seattle–1938

Paul Kellogg
Buffalo–1939

GRACE COYLE
Grand Rapids–1940

JANE M. HOEY
Atlantic City–1941

SHELBY M. HARRISON
New Orleans–1942

FRED K. HOEHLER
New York and St. Louis–1943

ELIZABETH WISNER *
Cleveland–1944
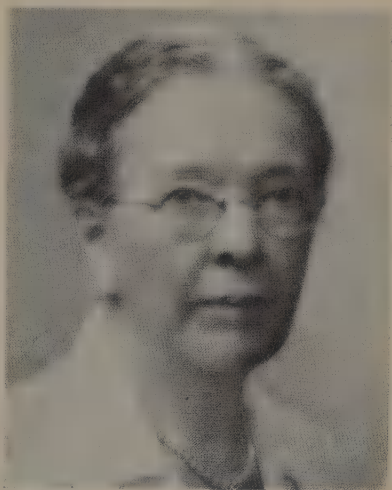
ELLEN C. POTTER, M.D.
139 cities (one-day meetings)–1945
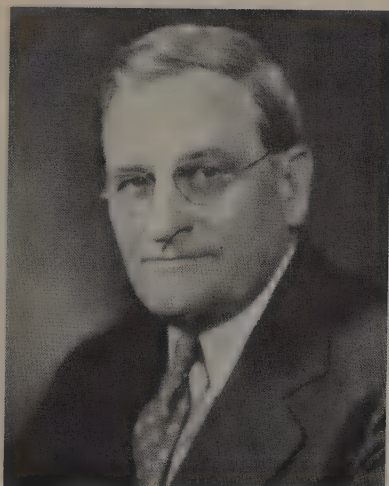
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Buffalo–1946

ARLIEN JOHNSON *
San Francisco–1947

LEONARD W. MAYO *
Atlantic City—1948

RALPH H. BLANCHARD
Cleveland—1949

MARTHA M. ELIOT, M.D. *
Atlantic City—1950

EWAN CLAGUE *
Atlantic City—1951

LESTER B. GRANGER *
Chicago–1952

EDUARD C. LINDEMAN
Cleveland–1953

BROOKS POTTER *
Atlantic City–1954

ARTHUR J. ALTMEYER
San Francisco–1955

BENJAMIN YOUNGDAHL
St. Louis—1956

MARGARET HICKEY *
Philadelphia—1957

EVELINE M. BURNS *
Chicago—1958

ROBERT H. MACRAE *
San Francisco—1959

CHARLES I. SCHOTTLAND *
Atlantic City–1960

THELMA SHAW *
Twin Cities–1961
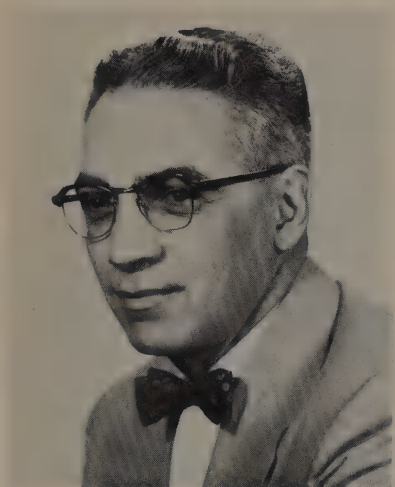
FEDELE F. FAURI *
New York City–1962

SANFORD SOLENDER *
Cleveland–1963

NATHAN E. COHEN *
Los Angeles–1964

SOL MORTON ISAAC *
Atlantic City–1965

ELLEN WINSTON *
Chicago–1966

WHITNEY M. YOUNG, JR.
Dallas–1967

WAYNE VASEY *
San Francisco–1968

ARTHUR S. FLEMMING *
New York City–1969
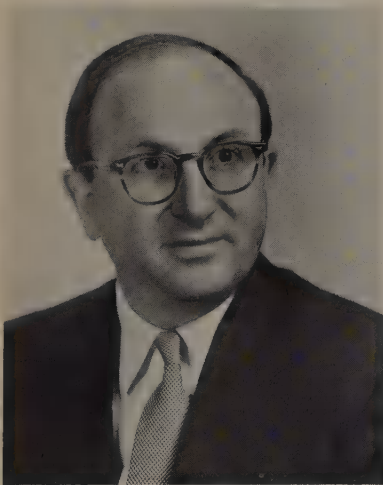
WILBUR J. COHEN *
Chicago–1970

MARGARET E. BERRY *
Dallas–1971

JAMES R. DUMPSON *
Chicago–1972

MARY R. RIPLEY *
Atlantic City–1973

Toward Economic Democracy at the Work Place

IRVING BLUESTONE

IT WAS ONCE SAID OF Walter Reuther: "He reminisced about the future." For his heart and mind fashioned promises of the bright tomorrow, and his life's work transformed impossible dreams of human welfare and social justice into reality.

Dr. Eva Schindler-Rainman defines her goal as "making some difference somewhere in better relations between human beings, in better use of each person's resources and in more active problem solving." Central to achieving this goal is the right of each person to participate meaningfully in the decision-making process affecting his welfare. In this concept lies the mainspring for democratizing institutions, communities, and nations. The search for human dignity and satisfaction in the community and in the work place requires fulfillment of this democratic right. For the worker, participation in decision-making at the work place is another step along the difficult road toward the realization of industrial democracy. For the nation, it is an important ingredient in the development of a healthy, democratic dynamic society. This principle participation in decision-making is fundamental to the concepts long discussed, developed, and advanced at the Social Welfare Forums of the National Conference on Social Welfare.

BURDEN OF COLLECTIVE BARGAINING

Workers make progress on two fronts: through collective bargaining and through legislated public policy. The one interacts

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with the other. The failures and successes of the one usually find response in the other.

At the work place, the worker participates in decisions affecting his welfare usually by joining with his fellow workers in organizing a labor union and utilizing the principles of collective bargaining to resolve his problems. In society, the citizen participates in decisions affecting his welfare by joining with fellow citizens in exercising the power of the vote and the right of petition to effect public policy responsive to the needs of the people.

In this nation, collective bargaining, out of necessity, has assumed an awesome burden of responsibilities which in other industrialized countries have been legislated as public policy. This is particularly true with regard to issues involving the economic security of the worker.

It is sound public policy, for instance, that workers should receive vacation time with pay, to rest and refresh themselves, relaxing with their friends and families. Yet, for lack of laws providing for vacations, collective bargaining carries the burden of fulfilling that need.

It is sound public policy that a worker who becomes ill and is temporarily unable to work should receive income replacement to assure continuing purchasing power for his family. Yet, collective bargaining must win that measure of protection.

It is sound public policy that a worker laid off for lack of work should enjoy adequate income until he finds a similar job. Yet, our unemployment insurance system is so weak and disjointed and the benefits so meager that collective bargaining must supplement an inadequate government stipend to enable the family to have sufficient income for economic stability during periods when no work is available.

It is sound public policy that a worker who has labored all his life should receive a retirement income designed to maintain a decent living standard. Here again, community failure has placed an enormous burden on collective bargaining to supplement an inadequate federal system of social security.

Health care. As a nation we spent more than $83 billion for health care in 1972, an increase of 10.3 percent over 1971, de-

spite the farce of so-called "price controls." Yet this huge outlay was so badly managed and the delivery of medical service so chaotic that in 1972 all private health insurance paid for only some 26 percent of personal health expenditures in the United States.

That private health insurance provides a Swiss cheese coverage of need is illustrated by these facts. Of the total U.S. population:

30.5 million under sixty-five—16.5 percent—have no hospital care coverage.

35.5 million—19.2 percent—have no coverage for surgeons' fees.

45.9 million—24.9 percent—have no coverage for in-hospital benefits.

95.5 million—52 percent—have no coverage for doctors' home visits.

85.4 million—46.5 percent—have no out-of-hospital coverage for prescribed drugs.

164.2 million—89.7 percent—have no dental care coverage.

Social workers have long recognized the relation between ill-health and poverty. Fifty-seven years ago Isaac M. Rubinow pointed out to the National Conference on Social Welfare that sickness was a major cause of poverty, and urged social workers to support a national health insurance program. Yet today tens of millions of Americans have little or no access to decent health care. And more and more people are being priced out of the health care market as year after year the costs of personal health services increase at twice the increase in the cost of living.

In a nation with the most advanced medical-scientific knowledge in the world, the gap between what we are capable of providing to protect health and treat illness widens. Even those with ample funds often find that health care is not available. There are too few doctors and other health professionals, and their geographic distribution leaves whole counties without personal health services. Upper-income communities enjoy one doctor for every 200 people; inner-city communities limp along with one doctor for every 12,000 people. And the domination of health care by an outmoded solo practice, fee-for-service physi-

cian delivery system contributes in a major way to the wasteful use of well-trained professionals and an almost complete lack of controls on the quality of care.

Our system of health care is a national disgrace. Public need cries for the program outlined in the National Health Security bill, which offers a comprehensive, rational approach to the nation's health care demands and the delivery of service. Good health care must be made a right for all to enjoy, with freedom from anxiety over cost and accessibility.

While government dawdles and the Administration toys with a program of patchwork, workers turn to collective bargaining as the most immediately available instrument to meet their health care needs. Workers with strong unions enjoy a greater measure of protection. The weak and unorganized must fend for themselves and suffer the consequences. This intensifies the disparities in health care protection among the nation's population; but failure to establish national health security as public policy leaves no recourse but to turn to the collective bargaining table for relief. Thus, in 1973 union negotiations with the auto industry, provision for dental care benefits and filling the gaps in the current negotiated health care program will loom high on the collective bargaining agenda.

The United States is a backward nation in matters of health care delivery by comparison with other industrialized nations. It is time our nation recognized that the nation with the healthiest citizens is wealthier than the nation with the most gadgets.

Insured pensions. The total assets of private pension plans in the United States exceed $160 billion. This enormous wealth, however, is no guarantee that every worker covered by a pension plan or even eligible for a pension will receive one. The insecurities which are endemic to our economic system make small employers particularly vulnerable to business failure. When a company fails, the pension funds set aside are usually inadequate to pay the prescribed benefits. Workers who have spent their working lives building up pension credits as their hedge against advanced age suddenly find their dream of retirement shattered. Each year more than five hundred pension plans go down the drain with the collapse of business firms—and with them crash

the hopes of thousands who depended on the promised benefits for a life of dignity and comfort upon retirement.

We well remember the dismal days in the 1930s when life savings were wiped out as banks closed their doors. The shock waves led to the creation of the Federal Deposit Insurance Corporation. Today, most savings are insured against loss up to $20,000, and the cost is miniscule.

The United Automobile Workers (UAW) pioneered the concept years ago that a similar insurance corporation should be established by law to guarantee pensions to retiring workers who are otherwise eligible, but who are denied their hard-won benefits because the pension collapsed with the collapse of the firm. An insignificant premium applied against pension funds would suffice to insure the benefits.

Pension reinsurance marks the compassion of a thoughtful society for the unfortunate who see their security slip away from them after a lifetime of work helping to build a better nation. But Congress still dillydallies, and the Administration's response is to close its eyes and say that too few people are adversely affected to bother about the problem.

The UAW 1973 collective bargaining program calls for measures to overcome this problem for workers represented by the UAW by establishing a pension reinsurance fund, pending action which, we hope, will be taken by Congress to effect a national solution to the problem. Once again the vacuum left by public policy failure must be filled by collective bargaining.

Health and safety at the work place. It must be a source of pride that the social work profession, through the National Conference on Social Welfare, as long ago as 1903 appointed a commission to study "the best practicable method of insuring the working people against extreme need in case of accident, sickness, during the period of invalidism and helpless old age." And many historians believe that a major force for the adoption of workmen's compensation laws was the shocking revelations of neglect and injustice suffered by the injured in the steel mills of Pittsburgh revealed in the pioneering Pittsburgh Survey of 1910.

Traditionally, workers' unions have attempted to be the

watchdogs over health and safety practices at the work place. Workmen's compensation benefits are needed to ensure some measure of income security; but our system, like unemployment insurance, is fractionized into fifty separate structures, each with its own eligibility rules and benefit amounts—a hodgepodge of disparate and disjointed legislation. Even so, workmen's compensation at best has been the salve to heal the wound; it is not the preventive which social reformers like Justice Louis Brandeis hoped would prevent the illness or the accident in the first place.

Finally, after years-long effort, Congress passed the Health and Safety bill. For the first time, government is beginning to establish national standards to protect the health and safety of the worker. Such a program, however, is only as effective as its enforcement; and the present Administration is starving its implementation by failure to put enough agents into the field to ensure compliance with the federal standards.

For years, statistics have shown that between 14,000 and 15,000 workers are killed on the job annually; further, the National Safety Council reported that some 2,300,000 persons suffered a disabling accident or occupational injury in 1971. As one union among those which have questioned the adequacy of the National Safety Council figures, it was the UAW's belief that many illnesses and accidents were concealed and not reported.

Now, for the first time, there is some concrete evidence that, in fact, the situation is considerably worse than the National Safety Council figures indicate. Extrapolation from the first six months of data collected by the Bureau of Labor Statistics (BLS) for the last half of 1971 shows that the number of accidents and occupational injuries is some four times higher than that reported by the Safety Council: it is closer to 10,000,000 than to 2,300,000.

Each year the Safety Council's accidents and occupational injuries figures have remained about the same, while the BLS annual reports on disabling work injuries per million man-hours have shown a steady increase. Between 1958 and 1970 there was a 33 percent increase according to this index. Recent BLS fig-

ures on accidents and occupational injuries indicate that the situation is steadily worsening.

What is the result? The burden falls once again heavily on collective bargaining. Human life and well-being must take priority over production and profits. The UAW insists on the right of workers to strike to correct health and safety violations. In 1973 negotiations the issue of health and safety in the plants will receive marked emphasis, with an added demand for a third-party procedure available for final and binding determination if the workers so choose. Health and safety at the work place are matters too vital to be left solely to managerial discretion or to personnel hired and assigned exclusively by management and subservient to management's direction. The union will continue to insist on the right of workers to participate in decision-making through joint administration of health and safety programs.

Creating job opportunities and protecting against loss of jobs. President Nixon has made the usual "Fourth-of-July" type of statements calling for a return to the "American work ethic"— whatever that might mean. He has also vetoed bills which would aid those who cannot work because they are handicapped. He has dismantled programs designed to train the untrained so that they can find meaningful work; and he recoils at the idea, advocated by the National Commission on Technology, Automation, and Economic Progress, that the government must be the employer of last resort. Federal subsidies to Lockheed, the oil interests, corporate farms, and other sections of the business community apparently are consonant with the free-enterprise system. Expenditures for people to eliminate economic deprivation and enhance human dignity are simply "wasteful spending"!

This view represents, as Richard M. Titmuss has so lucidly pointed out, a major misreading of the lessons of social policy— a continued belief that the potentialities of economic growth by itself alone would solve the problems of poverty, economic, educational, and social.

Mr. Nixon took office when the unemployment rate was 3.6 percent. His economic policies deliberately drove the unemploy-

ment rate to 6.2 percent in December of 1970. Today, after over four years of Nixonomics, unemployment hovers around the 5 percent mark, during a period when corporate profits were never higher. In March, 1973, the official unemployment rate was about 40 percent higher than it was in January, 1969, when Mr. Nixon took office. His failure to halt inflation hurt most those people on fixed incomes, the elderly, the unemployed, the underemployed, the handicapped—those least able to help themselves, while at the same time he calls upon them to ask not what government can do for them, but what they can do for themselves!

The failure of public policy to create a full-employment economy has compelled collective bargaining to assume part of the burden. Collective bargaining does not create new jobs, but it can create job opportunities by reducing work time. More paid holidays, longer vacations, more relief time on the job, reduced hours in the workweek, and early retirement (reducing the number of years in the work life) create job opportunities. As workers retire early, their vacated jobs mean employment opportunities for those out of work.

Workers struggle to reduce work time to satisfy their own needs and desires away from the work place. At the same time, they thereby create job opportunities for the unemployed. The collective bargaining program of the UAW in 1973 in partial response to these aims calls for retirement after thirty years of service (twenty-five years for workers whose health is jeopardized by the work place, such as foundries) regardless of age, as well as additional paid holidays, vacation, and shorter hours.

After all, what other avenues are immediately open to workers to decrease unemployment when public policy fails to provide the answers in this most affluent of all economic systems?

The list of social and economic issues could go on and on: voluntary overtime, protection against inflation, sharing in the profits, subcontracting work, even the right in matters of discipline at the work place to be held innocent until proved guilty, and so on. Even the guarantee of equal opportunity and antidiscrimination was written into collective bargaining contracts (al-

though, unfortunately, not universally) before public policy entered the scene.

I trust I have made the point that collective bargaining is overburdened because of the absence of affirmative progressive public policy over a broad range of social and economic priorities which constitute the hallmark of an enlightened, democratic society.

Quality of work life. Collective bargaining aims at establishing economic security for the worker with decent, safe, healthy working conditions. But its aims transcend these basic needs. It seeks as well a total work environment in which the worker is afforded the dignity and respect of human worth. Over the years unions have made yeoman progress toward ensuring the amenities and comforts of a decent work environment. Even the privileges to smoke, to get a cup of coffee, to have protective clothing, to get one's paycheck on company time, and dozens of similar amenities bear the marks of difficult struggle. Each hard-won gain represents in essence the worker's insistence that he must participate in the decisions involving his welfare on the job. Now, on the horizon, new concepts are emerging which carry the promise of increased participation in decision-making and enhancement of the quality of life at the work place.

Two distinct, somewhat overlapping directions are indicated. One relates to "managing the enterprise"; the other, to "managing the job." The latter is of course part and parcel of the former, but it is of more immediate concern to the worker in direct relation to his work.

Experiments with regard to participation in "managing the enterprise" are under way in Yugoslavia (worker control of management), Germany (*Mitbestimmung*—codetermination established by law), Sweden (voluntary acceptance of worker representation on the board of directors), and Israel (union-owned and operated cooperative enterprises). In the United States, labor contracts, with their hundreds of provisions establishing and protecting the rights of workers, leave substantially to management the "sole responsibility" to determine the products to be manufactured; the location of plants; the schedules of pro-

duction; the methods, processes, and means of manufacture; and the administrative decisions governing finances, marketing, purchasing, pricing, and the like.

Unions in the United States traditionally have moved in the direction of improving wages, benefits, and working conditions. Generally, they have left "managing the enterprise" to management, reacting to managerial decisions objectionable to the workers. They have not embraced a political philosophy to motivate their over-all policies and programs. This is not to say that the unions have no sociopolitico-economic concepts. Quite the contrary; but they are not married to an ism governing and directing their behavior.

Unions in the United States move to meet practical solutions. It is highly improbable that they would approach the problem of worker participation in decision-making by way of a fierce ideological struggle founded in socioeconomic theory. They are not prone to beat their wings in ideological frustration.

Where workers feel victimized they combine their forces to correct the situation—case by case, problem by problem. Gradual, persistent change—not revolutionary upheaval—has marked the progress of the American worker. When explosions occur, as they did in the 1930s, they are responses to specific problems in the search for specific solutions; they are not revolutionary reactions founded in ideological concepts of the class struggle. We can anticipate that worker participation will manifest itself in a step-by-step effort to meet specific problems that affect the welfare of the worker.

Decisions regarding purchasing, advertising, selling, financing, and so forth are far more remote from the immediate problems facing the worker than are decisions concerning his job. In the vast range of managerial decisions the immediacy of impact on the worker varies enormously. Thus, the average worker in a gigantic enterprise usually displays less interest in the selection of the chairman of the board than in his right of transfer and promotion. When the worker comes to recognize these and other managerial functions as urgently important to his welfare, he will move to participate in them also.

What direction, then, will the drive toward participation in decision-making take? To begin with, it seems safe to say that any further encroachment on so-called "management preroga-tives" will spell "revolution" to management, while to the worker it will simply represent a nonideological effort to resolve a problem that bothers him.

Certain areas of possible confrontation come to mind. Man-agement, by way of example, controls the decision to shut down a plant or move all or part of it to another location, often hundreds of miles away or even across the seas. The union bar-gains for severance pay, early retirement, the right of the worker to transfer with the job and to receive moving allowance, and so forth. But the worker—often with long years of service—is the victim of management's decision. He is thrown out of work, or, if he is given the right to transfer, he must pull up stakes, cut his roots in the community, leave family and friends, and begin a new life in a strange place, with no assurance that the change will be permanent. Management wields the decision-making au-thority; the worker and the community dangle at the end of that decision.

Similarly, management generally controls the final decision to subcontract work, often motivated by the enticement of low labor costs at home or abroad, or to move work about among its many facilities in a multiplant corporation. It is the worker who faces the ultimate insecurity brought on by the drive for more profit.

Management holds the authority to discipline. All places of work, like society at large, require rules and regulations for peo-ple to live by; but discipline can be a fearful weapon in the hands of a ruthless employer, even when subject to a collectively bargained grievance procedure.

Production scheduling can be a serious source of friction. In an auto assembly plant, for instance, changes in line speed to meet changes in production schedules, or changes in model mix, require rebalancing of jobs and operations. This in turn gives rise to disputes over production standards and manpower. Fre-quent changes in line speed or model mix disturb agreed-upon

production standard settlements and manpower agreements, often resulting in crisis bargaining and, on occasion, strike action. The never-ending yet necessary introduction of technological innovation and the concomitant alteration of jobs, cutbacks in manpower need and effect on skill requirements are a constant source of new problems, emphasizing the concern workers naturally have for their job security.

Management insistence on excessive or persistent overtime work is a constant source of unhappiness and discontent.

These are but a handful of the kinds of confrontation issues directly affecting workers which increasingly are subject to "worker participation" bargaining, democratizing the work place. There are other types of issues also, relating directly to life at the work place, which will command attention, for enhancing the quality of work life carries considerations beyond the worker's immediate task.

The double standard that exists between managers and workers comes into question. Symbols of elitism, traditionally taken for granted in industrial society, are challenged: weekly salaries with their recognized advantages (versus hourly wage rates); time clocks; paneled dining rooms (versus Spartan cafeterias); privileged parking facilities nearest the plant entrances; and so on.

Democratizing the work place may entail organizing the work schedule to enable the worker to do his personal chores: visiting the dentist or doctor; getting his car repaired; discussing his children's problems with their teachers; dealing with home repairmen; arranging to buy a home.

Participation in decision-making will more readily spring up with regard to those aspects of working life most immediately and noticeably affected. "Managing the job" is more immediate and urgent. Worker concern for "managing the enterprise" is more variable and is best measured by the immediacy of impact on the worker's welfare.

Increasing attention is currently being devoted to the problem of workers managing the job. Involvement in decision-making, however, must not become simply another gimmick, de-

signed essentially to "fool" the worker and having as its primary goal an increase in productivity. Manipulation of the worker will be recognized for what it is: another form of exploitation. It will breed suspicion and distrust; and it will fail. The essential purpose should not be tied to increasing productivity; it should be geared to creating human satisfaction at the work place. If the result is reduction in absenteeism, in the use of escape mechanisms like alcohol and narcotics, in labor turnover, and brings about improvement in quality, these are fall-out advantages to which there can hardly be objection.

Worker participation in decision-making with regard to the job is one means of enhancing the quality of work life. It should result in a departure from the miniaturization and oversimplification of the job to a system which embraces broader distribution of authority, increasing rather than diminishing responsibility and accountability, combined with the engineering of more interesting jobs, with the opportunity to exercise a meaningful measure of autonomy and to utilize more varied skills. It requires tapping the creative and innovative ingenuity of the worker to the maximum extent of his capabilities.

Hundreds of experiments directed toward opening up opportunities for meaningful participation have been and are being undertaken in American industry, following the European lead. In the auto industry, a myriad of demonstration projects is being attempted covering innumerable facets of the problem—including a sharp departure from use of the assembly line concept.

It is too early to describe precisely in what direction workers will move toward managing the job. Certain criteria, however, deserve serious consideration.

1. The worker should be made aware that he is not simply an adjunct to the tool, but that his bent toward being creative, innovative, and inventive plays a significant role in the production (or service) process.

2. The worker should be assured that his participation in decision-making will not erode his job security or that of his fellow workers.

3. Job functions should be engineered to fit the worker. The current system is designed to make the worker fit the job on the theory that this is a more efficient production system and that in any event economic gain is the worker's only reason for working. This theory is, I believe, wrong on both counts.

4. The worker should be assured the widest possible latitude of self-management, responsibility, and the opportunity to use his brain power. Gimmickry and manipulation must not be employed.

5. The changes in job content, the added responsibility, and involvement in decision-making should be accompanied by higher rates of pay.

6. The worker should be able to foresee opportunities for growth in his work and for promotion.

7. The worker's role should enable him to relate to the product being produced, or the services being rendered, and to its meaning in society. In a broader sense, it should enable him as well to relate constructively to his role in society.

The union, as the representative of the worker, will naturally share with management in implementing these and other criteria. Finding the precise answers to achieving the goal is not conducive to crisis negotiations. However, it is not the same as settling a wage dispute in the face of a twelve-midnight strike deadline. Rather, it requires careful experiment and analysis. While issues of economic security (wages, fringe benefits) and continuing encroachment on what management considers its sole prerogatives will remain adversary in nature, there is every reason for a shift in policy whereby workers will manage the job to be undertaken as a joint cooperative, constructive, nonadversary effort by management and the union. The initial key to achieving this goal may well be open, frank, and enlightened discussion between the parties, recognizing that this need not be a matter of confrontation but of mutual concern for the worker, the enterprise, and the welfare of society.

Jaroslav Vanek keynoted the urge toward participation in decision-making when he wrote:

The quest of men to participate in the determination and decision making activities in which they are actually involved is one of the most important sociopolitical phenomena of our times. It is very likely to be the dominant force of social evolution in the last third of the 20th century . . .[1]

It is a sociopolitical phenomenon in which workers will play an essential role.

[1] Jaroslav Vanek, *The Participatory Economy: an Evolutionary Hypothesis and a Development Strategy*, p. 1.

The Myth of the Social Work Matriarchy

JEANNE M. GIOVANNONI
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WHETHER FROM THE STANDPOINT of its functions, repeatedly characterized as an extension of the traditional female nurturing role, or from its high proportion of women, or from the prominence of women in its early development, social work has long been known as a "women's profession." In the last few years several writers have been concerned with a decline in the relative status of women within the profession and with trends which seem to be threatening the position of women in social work.[1] The question is whether such conditions are of recent origin or have existed in varying degrees and at different times throughout the history of the profession. We have sought to establish the extent to which social work leadership positions have been held by men and by women.

In our analysis we have utilized the following indices of leadership and leadership positions: publications in professional journals, presentations at conferences, offices in professional organizations, positions on boards, and executive and administra-

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[1] See, for example, George Brager and John A. Michael, "The Sex Distribution in Social Welfare: Causes and Consequences," *Social Casework*, L (1969), 595–601; Aaron Rosenblatt *et al.*, "Predominance of Male Authors in Social Work Publications," *Social Casework*, LI (1970), 421–30.

tive positions. In examining each we have looked at the relative distribution between men and women. Our analysis begins with the first Conference of Charities in 1874 and ends with a review of all the pertinent indicators for the year 1970. In addition, we have tried to summarize certain published information which deals specifically with sex differentials within the profession.

THE NATIONAL CONFERENCE OF CHARITIES AND CORRECTIONS, 1874–1900

The ambiguities as to just what constitutes the profession of social work render the success of any effort to mark its beginning most elusive. Our rationale for selecting our beginning time points, and for singling out one particular source for our analysis of the relative position of women, can best be stated in the terms of the indicators which were used. We have limited our source material to the proceedings of the National Conference of Charities and Corrections, which was, in part, an outgrowth of the American Social Science Association. The Conference and the Association marked the first efforts, national in scope, for individuals and organizations in this field to recognize a commonness of endeavors sufficient to bring them together into one body.

A general statement can be made at the outset: the participation of women in leadership roles, as evidenced by the indicators, increased during this twenty-six year span. The increase was greater in the contributions made through papers delivered than it was in the holding of official positions in the organization. Finally, as will be demonstrated throughout, the participation of women was for the most part governed by their particular fields of endeavor.

The papers presented to the Conference by women from its inception in 1875 to 1893 were reviewed. The categories of topics were taken from the index to the *Proceedings* of the 1893—twentieth anniversary—conference and then the proportion of women contributors in each category was rank-ordered. Certain generalizations can be drawn from these data. First, the contributions by women increased, in most areas, almost threefold in

the 1880s, and this trend was sustained in the early 1890s. Second, the areas with the greatest number of contributions by women were those related to children. For the total period, 29 percent of the papers on dependent children were contributed by women and 24 percent of those related to delinquents. In addition, six of the seven papers dealing with kindergartens, all given during the 1880s, were by women. The next most frequent category was that of charity organization, with women contributing eighteen, or 17 percent of the total papers. Here it might be noted that two women, Mrs. Josephine Lowell and Miss Zilpha Smith, between them contributed eight of the eighteen papers. Outstanding contributors in the children's fields were Mrs. Virginia T. Smith, Miss Elizabeth C. Putnam, and Mrs. Louise Rockwood Wardner.

In the field of penology, the contribution of women during the 1880s was a surprisingly high 12 percent. These papers dealt largely with the management of correctional services for errant women, and it might be noted that two of the eight women speakers were representatives of the Women's Christian Temperance Union. During the entire period, there were precious few contributions by women delivered on the insane, hospitals, or the feeble-minded. These three fields were almost entirely dominated by men, and by male physicians. Of 115 papers dealing with the insane, only two were given by women, one of them by a physician, Dr. Jennie McCowen. The other was by Miss Anna A. Chevallier, reporting for the Association for the Protection of the Insane. With respect to the feeble-minded and hospitals, only two of twenty-one papers were given by women, and both were the only contributions by nonphysicians in these areas. Various other topics were periodically considered by the Conference. Only one of these, that dealing with the Indian races, had female representation, and three of the ten papers were by women. Ten other categories had no contributions by women at all: the blind, the deaf, epileptics, tramps, Catholic and Hebrew charities, statistics, immigration and migration, and public buildings for the dependent and the delinquent.

In sum, the contributions by women to the early sessions of

the Conference of Charities and Corrections gradually increased, were largely limited to areas particularly related to children and, to a lesser extent, to charity organization. It can safely be said, however, in so far as the papers themselves represented major intellectual leadership, that even in these areas leadership was overwhelmingly allocated to men.

Participation in the official leadership of the Conference is somewhat difficult to summarize in quantitative terms, since the actual structure of the leadership and the specific offices shifted and changed often during this early period. There were the usual offices of president, followed by varying numbers of vice-presidents and secretaries, and treasurer. The various standing committees were representative of the particular topics around which the conferences were organized. Representation from the state boards of charities and corrections, which had very few women, found its way into the official structure of the Conference. Further, in the early days, the official structure of the Conference overlapped that of the American Social Science Association. For the record, that organization's first listing of officers (November, 1871) contained the following female representation: none from president through treasurer; five of the twenty-seven members of the Board of Directors; three of the twenty-six member Departmental Committee on Education; and three of the twenty members of the Committee on Social Economy. There were no women on the departmental committees on Health, Finance, or Jurisprudence.[2]

In the conference organization itself, a similar pattern was repeated. From the outset, women were represented on the various topical committees, and such representation followed that for the presentation of papers—largely limited to committees dealing with children and charity organization. The organizations's officers were limited to men until 1890 when Mrs. Joseph Spears became one of the four secretaries; in 1891 Mrs. Spears was one of six vice-presidents, and two women were among the six secretaries. One exception to this rule was Mrs. Isabel Barrows, the

[2] *Proceedings of the Conference of Boards of Public Charities, 1876* (Albany, N.Y.: Joel Munsell, 1876), 163.

official recorder and editor of the Conference *Proceedings* throughout this period.

It is not necessary to make inferences from quantitative data as to the expected roles of women within the structure of the Conference itself, or within the fields of charities and corrections. There were repeated discussions of the matter during those early decades. From the outset there was limited feminine representation. At the first conference in 1874, in New York City, two women who were members of state boards, Mrs. W. P. Lynde from Wisconsin and Mrs. Marguerite E. Pettee from Connecticut, were present, along with the three ladies who were members of the Department of Social Economy of the Social Science Association. The State Charities Aid Association, although a woman had founded it, was represented by men as was the Bureau of Charities of New York City. At the second conference, in Detroit in 1875, there was perhaps the first mention given to the specific contributions made by women. Mr. Norman Eaton, delegate from the State Charities Aid Association, made the following points:

[The Association] has from the beginning had among its leaders and workers, some of the most gifted, patriotic and benevolent men and women in the State. Chief among these women—and from the first, the Association has been substantially managed and its manifold work of beneficence has been mostly done by women—is Miss Louisa Lee Schuyler. . . . the personal visitations of poor houses, asylums and hospitals were made by the women. . . . It was a striking illustration of the moral power of a few refined women, guided by a noble spirit.[3]

Mr. Eaton's remarks, of course, not only embody the typical nineteenth-century image of the value of the highborn lady in the spiritual regeneration of the poor, but also couple the equally pervasive theme of the superiority of private, individual philanthropy over public aid, especially in overcoming the political corruption which was thought to typify such public endeavors.

[3] *Proceedings of the Conference of Charities, 1875* (Boston: Tolman and White, 1875), pp. 105–6.

To this traditional theme of the moral suasion of the high-born lady, there was added at the conferences of 1878 and 1879 another theme, which centered not on the caste of the women involved but rather on the superiority of women for certain kinds of reform work, stemming from their natural maternalism and their social experience as mother and homemaker. This theme also was intermingled with the preference for private over public provision, as was indicated in the remarks of the women who made the pronouncements. There appeared to be the expectation that these womanly ministerings would always be performed in conjunction with their domestic duties. At the 1879 Conference there was a series of papers specifically devoted to the role of women. These papers were an outgrowth of the committee charged the previous year with the study of prevention and women's part in it. The reasons for the formation of this committee are not recorded, but it is interesting to note the following comments offered somewhat spontaneously from the floor, in 1878, by Mrs. Louise Rockwood Wardner in response to a paper by Mr. Henry W. Lord on reform schools for girls:

It was not my intention when I came to attend this meeting, to make any report. I thought to sit humbly at the feet of the *savants* and eminent philanthropists here assembled. But as I have since my arrival, received credentials as a delegate from the Women's Social Science Association of Illinois, and a most earnest request that I should report the progress of our Industrial School for Girls . . . . I am convinced it is far better for women to be associated with men in the management of such institutions, as it should be a work of love; a work which I believe nature has eminently fitted women for, I believe, most successfully.[4]

Reference to the papers to be given by women at the 1879 Conference was made by the chairman, William P. Letchworth, in his opening remarks: ". . . at this conference an opportunity should be given for woman to speak of her experience in this important work, and to present her views of it from her standpoint."[5] In addition to Mrs. Wardner's paper, there was

[4] *Proceedings of the Fifth Annual Conference of Charities, 1878* (Boston: A. Williams & Co., 1878), p. 189.
[5] *Ibid.*, p. 168.

one by Mrs. Lynde, "Prevention in Some of Its Aspects and Woman's Part in It," and one by Mrs. Clara T. Leonard, "Family Homes for Pauper and Dependent Children." There were also two papers dealing with erring and criminal women, one by Mrs. Lynde and one by Mrs. Josephine Lowell, and they too spoke specifically of the advantageous qualities of women in dealing with their fallen sisters.

The linkage between voluntarism, as opposed to public provision, and womanly work was epitomized in Mrs. Lynde's closing remarks. Much of her paper had extolled the legislation in Wisconsin in 1875 which permitted the establishment of industrial schools by privately incorporated individuals, and which limited such incorporations to women only or to women and men, but not men alone. Summing up her ideals as to how such schools should be run, Mrs. Lynde concluded:

Can or will any State authority, or any body of men, do these things, and may not the attempt to conduct such institutions by such remote and cumbrous machinery, such an ignoring of natural laws and conditions, be the reason why prevention and preventive measures have failed to accomplish their intent? It has been a man's attempt at woman's work, and of course a failure. . . . Let the State, with all the masculine wit and wisdom it can command, restrain and hedge in with provisos, precautions and supervisions, the appropriation and expenditure of money; give to women, or men and women—but never by men alone—the organization, control, and detail of all institutions that have for their purpose the reading or saving of young children. . . . *Their unpaid labor* and still more their savings and economics will reduce the costs of such institutions below the estimates of any official steward.[6]

The seemingly inevitable separation of state functions from the contribution of women did not rest solely on an estimate of an innate incompatibility between the feminine nature and the bureaucratic and corrupting influences of governmental sponsorship. Rather the position of women in the broader society in relation to government was also influential in inspiring this viewpoint. Earlier, Mrs. Lynde took note of this:

[6] *Ibid.*, pp. 169–70, emphasis added.

That the right of suffrage, or its exercise, gives the exclusive right to participation in public interest, I cannot believe is claimed by any; but the principle that the state may not give aid to, or cooperate with, private citizens for such purposes, would actually exclude nearly all women from any part in those tasks of charity, prevention and reform.[7]

From this remark we would infer that the denigration of public services expounded by these women was more than simply an echoing of the philosophy that prevailed among the male philanthropists of the day. Truly, the voteless woman was unable to exercise any control over public officials save, of course, that which she could exert through her enfranchised husband, father, and brothers.

Concern with the role of women again found formal expression within the Conference in 1890, with the formation of a committee on the cooperation of women in philanthropic and reformatory work. As already noted, the participation of women at the Conference had increased during the preceeding decade. The report of this committee, presented by Mrs. Virginia T. Smith gives an indication of what the position of women was nationally at that time in the controlling bodies of charitable and correctional work. Members of the committee had sent letters of inquiry to every state and territory of the Union, and in her paper Mrs. Smith summarized the survey:

. . . we find thirteen states which have State Boards of Charity. Six have women members of the Board—Massachusetts, Rhode Island, Connecticut, New York, Wisconsin and Indiana.

Of large cities, New York, Philadelphia, and Boston are the only ones having school boards on which women are allowed to serve. In Massachusetts the law requires the appointment of women as physicians in all the State insane asylums. In a few instances, women have been appointed on boards of overseers of the poor; and within a few weeks a woman has been appointed for the first time to this office in the city of Boston.

In some of the far Western States, where equal political rights are extended to women, positions on school boards are open to them.

The great centers of kindergarten work are San Francisco, Phila-

[7] *Proceedings of the Sixth Annual Conference of Charities, 1879* (Boston: A. Williams & Co., 1879), p. 162.

delphia, Boston, St. Louis, and Milwaukee; and women have much
to do with it. In San Francisco, Philadelphia, Boston, St. Louis and
Hartford the establishment of kindergartens is due *directly* to
women. . . .

The number of women is increasing in the National Conference of
Charities.[8]

As the summary indicated, some extension had been made to
women of the opportunity to assume leadership roles in both
public and private spheres. There were, of course, vast regional
differences, which reflected not only the position of women in
general in those regions, but the particular modes of the organi-
zation of charitable and correctional work.

The report from Georgia hit upon a subtle rationale for pre-
cluding women's participation in such work:

As you are aware, the South has been very slow to appreciate the
public efforts of women. Whatever of prejudice Northern women
have had to overcome, it has been increased a hundred fold below
the Mason and Dixon's line; and the very fact that certain brave
women were permitted to work on advanced ideas in the North
made our Southern cities more intolerant and unjust.[9]

The mention of prejudice is indicative of a new theme at the
Conference in the rationale for the inclusion of women. The
earlier theme of the superiority of women for certain kinds of
work due to their maternal qualities was indeed reiterated.
However, equally important in 1891 was a thrust for the inclu-
sion of women as a matter of social justice and equality. This
was revealed not only in comments from speakers, but also in
the "Reasons for Appointing Women on Boards of Managers
and Trustees of State Institutions," which was presented as a res-
olution to the Conference. One of these made direct reference to
the factor of the just representation of female clientele: "To de-
prive women suffering from either mental or bodily disease, in
public institutions, of the benefits accruing *from having their
own sex represented in the board of management, is an arrogant*

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[8] *Proceedings of the National Conference of Charities and Corrections, 1891*
(Boston: Press of George H. Ellis, 1891), p. 238.

[9] *Ibid.*, p. 235.

assumption of power, often eventuating in unintentional cruelty." [10]

Along with this demand for representation in positions of control there was a strong rationale for female representation among personnel wherever women were confined, especially in asylums and prisons. Representation of clientele was not the only facet of the more egalitarian thrust. This was an appeal for feminine participation not on a basis of special female qualities, but rather on a basis of individual merit—*regardless of sex.* Mrs. Smith's words reflect many such sentiments, and ones with only thinly veiled references to the suffrage issue and other constitutional matters:

In spite of delays and prejudices, and opposition, the feeling and understanding of a free people are sure sooner or later, to get into their laws; and this sovereign permission for women to work will surely, sooner or later, get into the laws of all the States of our Union. With one voice the statutes will declare the will of the people to their women as well as men officials. The meaning will be, "Henceforth, *you shall be permitted to do the best work of which you are capable,* for the State has use of it; and whatever the question of philanthropy and reform are discussed, and whatever the methods of work proposed, *to both discussion and work you shall be welcome. For we the people of this commonwealth, have decided to give the tools to those who can use them and let God settle the rest."* [11]

In spite of her freely expressed conviction of the righteousness of the cause, Mrs. Smith did have a word of admonition to those who would aspire to the work, which is perhaps most accurately indicative of the roles women then played in those bodies where they had attained some position of control. Based on her own experience, she cautioned: "We have a right to be independent, courageous, original, free to express opinions when necessary; but we shall do better work and earn more privilege if we carry the great load of loving anxiety for our fellows in our hearts much more than on our lips." [12]

The central themes regarding the cooperation of women in charitable work had dealt with participation in leadership and

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[10] *Ibid.,* p. 241; emphasis added.   [11] *Ibid.,* p. 239; emphasis added.
[12] *Ibid.,* p. 240.

managerial positions. In part this was simply because the Conference itself was largely a meeting of those who held such positions. In part, however, it signified the nature of the women attending and what their participation had been. While the earlier theme of 1875—the goodness to be derived from the virtues of highborn ladies—was not enunciated, still the majority of the women participating were indeed highborn ladies whose work was of a philanthropic volunteer nature, not of an operative or occupational one. There were exceptions, of course, particularly among those who were directors of children's institutions or employed in high positions in institutions for women.

There was one participant who spoke up, however, raising some question as to what the allocation of the work really was at the operative level, at least in her sphere. She, herself not exactly a highborn lady, reiterated the theme of allocation of work on a basis of merit, but at the operative level:

When this programme was arranged in Baltimore last year, I remember wondering why it was that they did not select as a subject the co-operation of men as more noteworthy. Haven't women done most of the work for many years. It is because men have not done more that the work has been done badly. I think the reason that most of our church work is so slipshod is because women have done the most of it. Men and women should work together. I remember last year Miss Smith called attention to the splendid work being done by men as friendly visitors in Boston. In Baltimore they are doing the same thing. Men can do personal work as well as women, sometimes better. *It is only fair that we should insist that in all parts of the work it is not a question of sex, but of capacity.*[13]

Thus spake Miss Mary Richmond of Baltimore.

The Committee on the Cooperation of Women in Philanthropic and Reformatory Work was continued for another year. The report of the committee at the 1892 Conference largely reiterated the points made the previous year. Interestingly enough, in spite of this formalized preoccupation with the status of women within and beyond the confines of the Conference, there were no women among the speakers at the 1893 Conference.

[13] *Ibid.*, p. 338; emphasis added.

This conference was devoted to historical papers in all the pertinent fields of endeavor, for this was the tenth anniversary of the Conference. The year 1891 established clearly women's part in that history; 1893 demonstrated that they could not yet be entrusted with the reporting of that history.

The closing years of the nineteenth century saw the very early beginnings of the professionalization of social work in the form of specialized training. In reviewing the history of women's status in the profession in the twentieth century we have elected to do so first by looking at specialized endeavors within the profession and then at the profession as a generic whole. In part this shows how the profession developed and coalesced.

WOMEN IN SOCIAL WORK EDUCATION

Because of its significance as a source of current and future leadership in the profession, social work education is an important area to examine in studying the leadership roles of women. Men have occupied most of these positions in this field.

Though there has always been a majority of women among social work students, women deans have always been a small minority. Irony could be seen early in the history of social work education in the plea of Mary Richmond, a leader of leaders in the profession, at the 1897 Conference of Charities and Correction for a "training school in applied philanthropy," to be headed by a "univeristy-trained man with wide practical experience in philanthropy." [14] The first school to be established after this plea, the New York School of Philanthropy, with summer classes in 1898, and an eight-months course in 1904, seems to have set the pattern of women students, men directors. "During the period 1905–11, one hundred women and 28 men received the one-year certificate and four women received the two-year diploma in 1911–12." [15] Men were directors, later deans, of the school during this period and for nearly its entire history.

This is not to deny the contribution and recognition of the

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[14] Elizabeth G. Meier, *A History of the New York School of Social Work* (New York: Columbia University Press, 1954), p. 7.

[15] *Ibid.*, p. 23.

distinguished women who participated in the development and growth of education for social work: Sophonisba Breckinridge and Edith Abbott, shaping a school of social work far ahead of its time in its attention to public social services and to administration; Grace Coyle, Ida Cannon, and Mary Jarrett, developing the fields of group work, medical social work, and psychiatric social work. Many would say that as leaders each was equal to any number of lesser pioneers—that their contributions were beyond measuring.

We examined the proportion of men and women among the officers and board members of the Council on Social Work Education and its predecessors; deans and directors of graduate schools of social work; and authors of articles in the professional social work journals. Finally, as a source of future leadership, the proportion of men and women receiving doctorates in social work was studied. It should be noted that all were examined only at five-year intervals.

Each of these sources produces a different pattern in the proportion of the sexes, but except for authorship, which is limited to the very short and recent period when professional journals have been published, the changes in the proportion of women show similar trends, though the changes do not occur at parallel points. Among all three sources, women begin as a minority, their proportions increasing to approximate equality or a majority, and end again a minority.

During the period studied—1920 through 1970—there were five associations of schools of social work. Three followed in a direct historical line: Association of Training Schools for Professional Social Work; Association of Schools of Professional Social Work; and American Association of Schools of Social Work. From 1942 the National Association of Schools of Social Administration, representing a group of schools at public institutions, generally directed toward public welfare and offering undergraduate or combined undergraduate and graduate education, coexisted with the American Association of Schools of Social Work until the two merged into the Council on Social Work Education in 1952.

The National Association of Schools of Social Administration differed from the others in having almost no women among its officers or as members of its executive committee. In the other organizations, officers and executive committee, later board of directors, showed a majority of men from 1920 through 1930. This changed to a majority of women from 1935 through 1945, and to equal numbers of men and women in 1950. After the establishment of the Council on Social Work Education, starting with 1955, there was a majority of men, which increased to a four-to-one ratio in 1970.

During the total period a man was president of the organization from 1920 through 1930; a woman, from 1935 through 1945; and from 1950 on, a man has been president except for 1960, at the five-year intervals sampled.

Figures for deans and directors of schools of social work show a similar though not parallel pattern. Starting with 1925, when records became available, women began as a minority of about one in three, increased their proportions to near equality in 1945, then decreased from about one half in 1950 to one in eleven in 1970.

Preparation for these leadership positions is to be found, at least in part, in the doctoral programs of schools of social work. These follow a progression somewhat similar to the organizations. In the academic year 1930–31, the first year for which national records are available, six men and two women received doctorates. From 1935–36 through 1950–51, except in 1940–41, women received more doctorates than men, though the margin was not large and the numbers remained small (three men and five women in 1950–51). In 1955–56, men had a slight majority (six to four) and, starting with 1960–61, after a big jump in total doctorates, men remained in the majority, contributing increasingly large numbers to the pool of potential faculty and leaders of the profession. In 1970–71, doctorates were awarded to ninety men and forty women.

Journals of social work education are of recent origin and consequently are of limited value in discerning changes. The *Social Work Education Reporter* began as a "news service" in 1953,

and in 1955 it was still a newsletter without signed articles. In 1960 women authors were in the majority, but in 1965 and 1970, the balance had shifted to more men than women authors, though by a small margin. In the *Journal of Social Work Education,* founded in 1965, there were almost equal numbers of men and women authors in 1965, but by 1970 men had twice as many articles as women, though numbers of both were small (nine men, four women).

Some of the forces which contribute to the rise and fall of women in leadership positions in social work education could be those which affect the position of women generally. When Mary Richmond proposed a school of applied philanthropy at the turn of the century, it was natural to call for a man to head it. Women who could not be trusted with the vote could hardly be candidates for such a position. As the status of women in American society changed, the proportion of women in leadership positions rose in social work education, reaching a peak at about the time of the Second World War.

But there were other factors that applied with special force to education to make it a masculine province. Not only does it fit culturally, but because it has high status in the profession, competition in the educational segment of social work is great, and women are likely to suffer in any field in which competition is keen.

Moreover, the university itself is a masculine-oriented institution. While schools of social work, along with schools of nursing and other "women's schools," usually have more women in top positions than their parent institutions as a whole and sometimes rescue their universities from charges of sex discrimination, they are nevertheless part of a system which, in Alan Pifer's description, "has been institutionalized on a male basis [in which] the introduction of women into its positions of power upsets the system and causes difficulties." [16]

A final factor which affects the status of women in social work education is the system which produces doctorates. Social work-

[16] Alan Pifer, speech, Southern Association of Colleges and Schools, Miami, 1971.

ers with doctorates are the pool from which faculty, especially high-level faculty, are drawn, and the numbers of women who enter this channel help to determine the position of women in social work education. When there were few doctorates, the majority were earned by women. As numbers increased, the balance shifted to a majority of men, so that even though there were more women recieving doctorates than before, they were far outnumbered by men.

SPECIALTY SUBGROUPS WITHIN SOCIAL WORK

Not only did the profession as a whole show a difference in the proportion of men and women leaders at different periods, but different groups within the profession varied in the proportions of women and men. Five fields which represent sizable numbers and were organized over an extended period, and for which relatively comparable organizational records and publications were available, were explored: child welfare, family service, medical social work, psychiatric social work, and group work.

Child welfare. This field is one in which women have traditionally been thought to have a natural expertise. Men, in fact, have at times been excluded from some positions. To determine whether this conception extended to its leadership positions, officers and board members of the Child Welfare League and authors whose articles were published in the League's *Bulletin* and its successor, *Child Welfare,* were used as the indicators. If the first two are used as the measure, men were more frequently in leadership positions. At each fifth year sampled from 1925 through 1970, only one showed a woman as president—1960. Other officers for the same years had approximately equal numbers of men and women, but the board of directors had a majority of men at each five-year mark. Proportions fluctuated, however. They were most nearly equal in 1930 and 1935 and again in 1945 and 1950. At nearly all other periods from 1925 through 1970 the ratio of men to women was a little more or less than three to two.

A different situation prevailed in the League's publications.

Until the last decade, women appeared more often as authors. In the early years of both the *Bulletin* and *Child Welfare* women were a large majority. In 1940 and 1945, the proportions were nearly equal for the *Bulletin* and in 1960 for *Child Welfare*. By 1965 and 1970, men authors were more numerous than women, though by only a small margin.

It should be noted that there was a higher proportion of lay members among the officers and board members than among the authors. Lay members are often board members of local agencies which are members of the League and could be considered leaders in the child welfare field but not in the social work profession. The proportion of women among lay and professional board members has not been determined. Whatever the proportion, however, women are in the minority—and have been through the years—in these positions of national influence in the child welfare field.

Family service. The field of family service is not unlike child welfare in having a majority of men among the officers and board members of its principal organization, Family Service Association of America (and its predecessors, American Association of Societies for Organizing Charity, American Association for Organizing Family Social Work, and Family Welfare Association of America) and until recently a majority of women as authors in its principal publication, *Social Casework,* and its predecessor, *The Family*. However, this organization, unlike the Child Welfare League, was accustomed to have women presidents in its early years. From 1920 through 1935 all the presidents were women; from 1940 through 1970, the presidents were men. Other officers, except for the secretary, were nearly all men at the five-year marks for the period 1920–70, and men were in the majority on the board for all the years studied, except in 1925, when numbers were equal, and in 1965, when there were slightly more women than men.

Approximately equal numbers of men and women authors appeared in the professional journal of the organization, in 1920 and in the five-year spans studied. The proportion rose to nearly

three women to one man in 1935, then showed smaller proportions of women until in 1955, and in subsequent years, men authors became the majority (60 percent in 1970).

Medical and psychiatric social work. These showed patterns that are similar to each other but quite different from those in child welfare and family service. The organizations which represent them are, of course, different from the other two fields in being limited to professionals: American Association of Medical Social Workers (AAMSW) and its predecessor, American Association of Hospital Social Workers; and American Association of Psychiatric Social Workers. Each was almost exclusively the domain of women for all of its existence before it merged with other professional organizations into the National Association of Social Workers (NASW) in 1955. Since that time there have been no comparison data, as there are for child welfare and family service.

From the founding of the American Association of Hospital Social Workers in 1918 to its merging, as the American Association of Medical Social Workers, into NASW, women held practically all leadership positions—defined as officers and board members of the organization and authors of articles in its professional journal. All presidents throughout its history were women, and in the final year of *Medical Social Work*, it still had a large majority of women as authors (three out of four in 1955).

It is the doctor-social worker relationship in medical social work that may provide the clue for the exclusiveness of women. Early social workers were like nurses (nurses were, in fact, prominent among the profession's founders) in being part of a team led by a male physician in a setting where physicians commanded, so that all were more comfortable if professional roles followed customary division of labor by sex.

Psychiatric social work was almost as completely a women's field during the period when there was an independent organization (1926–55) and publication (1931–55). In the earlier years, before the Second World War, practically its entire membership was women, and by the time the organization merged with other

social work organizations there was still only one male officer (treasurer) and only one man on the four-member executive committee.

Authorship in professional journals showed a different picture, one more like other social work organizations in the increasing number of men in the later years. In the two publications, the *Newsletter* of the American Association of Psychiatric Social Workers (AAPSW), beginning in 1931, and its successor, the *Journal of Psychiatric Social Work* in 1947, women were authors of the large majority of articles at each of the five-year marks until 1945, when the numbers were approximately equal and remained so until the *Journal* ceased publication. In the final year there were seventeen articles by men, nineteen by women.

The setting and organization of psychiatric services are enough like those of medical services to apply the same reasoning in explaining the preponderance of women in psychiatric social work. (They were originally associate members of the hospital social workers.) However, the reasons are probably much more complex, as an often-quoted statement by Elizabeth L. Grover indicates. Miss Grover, a member of the first Smith College class in psychiatric social work, stated that the first program in 1918 was limited to women, as the male cofounder "felt that women passed through more changes of an emotional sort in one year than men do in five and yet are more rational than men." [17]

In considering these exclusively female sections of social work, it should also be noted that they represent relatively small segments of the profession. In 1954, AAMSW had 2,004 members and AAPSW had 1,427 members. By contrast, the generic social work organization, the American Association of Social Workers, had a membership of 13,580.

Group work. Group work showed still another pattern. From 1936, when the National Association for the Study of Group Work was founded, until the merger of its successor, the American Association of Group Workers, into NASW, the proportions

[17] Elizabeth L. Grover, "History and Philosophy of Social Welfare, 1918–1932," unpublished manuscript, New York School of Social Work, 1956.

of men and women officers and board members were relatively
equal. There were more male authors in the organization's pub-
lication, *The Group,* though numbers were small—six men,
four women in 1950.

GENERIC SOCIAL WORK ORGANIZATIONS

This examination of the position of women in selected fields of
social work demonstrates that there was wide variation with re-
spect to women in leadership roles. It also demonstrates that
there was variation as to relative participation by men and
women at any level of work. It is not surprising, then, that a
more general assessment shows something of an amalgamation of
the trends in all the various subfields of social work. Certainly,
however, it can be said that the exclusively female composition
of the medical and psychiatric social work specialties for so many
years was *not* typical of the field in general; rather the pattern-
ing of those specialties must be seen as atypical, particularly
with regard to the leadership position of women. This portion
of the analysis is based on data concerning the general profes-
sional organizations that finally evolved into NASW and on var-
ious publications of that organization and its predecessors: *Com-
pass, Journal of Social Work,* and *Social Work;* the *Social Work
Yearbook* and the *Encyclopedia of Social Work.* Finally, some se-
lected references by the professional organizations over the years
dealing with the distribution by sex of varous positions in social
work were reviewed.

To speak of the professional organization is historically to
speak of an evolving process, a process which included the pro-
fessionalization of social work itself. Indeed, the very "profes-
sionalization" can be deduced through the years as membership
requirements for whatever organization existed at any given
time became increasingly more uniform and more stringent.
Thus it is perhaps best in reviewing the position of women
within these various organizations to do so within the context of
the organizations themselves as they were constituted at any
given time.

American Asssociation of Social Workers. The American Asso-

ciation of Social Workers (AASW) came into being in 1921. It evolved out of two predecessor organizations whose essential nature was that of a placement or employment agency. These were the Social Service Department of the Intercollegiate Bureau of Occupations formed in 1912, which separated from the Bureau in 1917 to become the National Social Workers Exchange. Mrs. Edith Shatto King was the director of that organization. The Executive Committee elected in that year had a male president, Richard Edwards, and three of the five other officers were men. Six other well-known social workers were credited with the formation of the exchange, two of whom were women, Mary Vida Clark and Mrs. Alexander Kohut.[18] The name change was not a semantic whim; the intention in 1921 was to transform the organization into a professional one with interests and functions much greater in scope than simply placement work.

Within the structure of AASW itself, with the exception of the office of president, the distribution of other offices is perhaps best described as egalitarian. Although there was some fluctuation in any given year as to whether men or women predominated among the officers and the members of the executive committee, no special pattern emerged as to the predominance of one sex over the other for any sustained period of time. However, during the thirty-four years of its existence, until its absorption into NASW in 1955, there were fifteen male presidents and five women. To suggest that the official structure of the organization approached an egalitarian distribution is not to imply that such a distribution was anywhere near representative of the membership, as the following data will demonstrate.

During the first decades of AASW certain studies were carried on which are useful in illuminating not only the relative position of women within the organization and the profession, but also the constituency of this generic professional organization. These studies bear out certain consistent themes. First, while

[18] Frances N. Harrison, *The Growth of a Professional Association: a History of the AASW and an Analysis of Selected Data Regarding Members Admitted During 1924–1927 and 1930–1933* (New York: American Association of Social Workers, 1935), p. 4.

there was not an actual preponderance of men in executive positions, certainly a vast overrepresentation existed in relation to their total numbers in the field. The second is the marked extent to which social work positions were allocated on the basis of sex. And, finally, the variation by specialty as to sex distribution at any level is once again demonstrated.

A survey done by Frances N. Harrison and published by AASW in 1935 compared membership characteristics among the years 1924–26 and 1930–32. Data on the sex distribution bear out the predominance of women in the rank-and-file membership, and in fact an increase in the proportion of women between the two time spans. In the earlier period men constituted 17.3 percent of the total number admitted to AASW, while in the latter period this proportion fell to 14.6 percent. The extent to which membership was actually representative of the field of social work was not determined, and data were presented from the 1930 U.S. census and a study done in Massachusetts, indicating that the proportion of men in the field might have been somewhere between one fourth and one third. In any case, women certainly did outnumber men in the rank and file of both the Association and the field. Data from another study published in 1925 by AASW indicate that the predominance of women in social work was by no means an accident of the desires of women to engage in the work or to any other random process; rather there was a deliberate selection of women by employers. In the study of positions handled by the Vocational Bureau, it was reported that of 1,385 positions handled, 1,166, or *four fifths, were open only to women;* 161 only were open to men; and only 58 to either. As might well be expected, that report also noted that "while the proportion of positions open only to men were very small in number, in opportunity and salary they averaged very high." [19]

Indeed, the relative distribution of men and women in high-paid executive positions is fully borne out in the comparative survey. In 1920s, 2.8 percent of the caseworkers in AASW were

[19] "The Vocational Work of the Association," *Compass,* VI, No. 9, (1925), p. 2.

male, but males formed 26.9 percent of the executive groups. The distribution remained virtually unchanged in the 1930s. These data would not support a notion that men predominated among the executive positions in either period. About half the men in the field were in executive positions and the remainder in subexecutive positions. Among women, quite the opposite was true in the 1920 period. Twenty-six percent of the women members were executives, and this proportion fell in the 1930s to only 18 percent women members holding executive positions.[20]

Data concerning the educational achievements of the memberships reveal an interesting pattern. As for general educational achievement, the men were better educated: in the 1920s, 61.3 percent had college degrees or higher degrees, while only 38.4 percent of the women did. For both sexes in the 1930s the proportion having such degrees rose about 10 percent. However, with reference to specific social work training (defined in the report as either "some work in a school of social work" or "a certificate Diploma Degree") the distribution was drastically reversed between the sexes. In the 1920s, of the 349 members of AASW who had some social work training, inclusive of both criteria, only 25 were men; in the 1930s, only 67 of the 828 members with such training were men. We interpret these data to indicate that during these early years of professionalization the structure of the profession appeared to have the following characteristics.

The leadership of that profession, as evidenced both in the professional association and in the administrative structure of the agencies, was patterned quite differently from that of the rank-and-file workers. This was so not only in terms of sex, but also in terms of professional education. It seems clear that "social work training" was conceived as vocational training for the rank and file; entree into the leadership and administrative ranks was more likely secured on a basis of sex and/or education, but education in another discipline. Indeed, Mary Rich-

[20] *Ibid.*, p. 23.

mond's plea of 1892 for more men to do the *work,* by the 1930s had still gone unfulfilled. In fact, reiterating the data of 1925 on the limitation of such a vast proportion of social work positions to women, it did not appear that there was any expectation at the time that men *should* do the rank-and-file work.

We have already noted the more or less equal distribution of men and women among the officers of AASW (with the exception of the president), until its incorporation into NASW in 1955. The various publications and journals of AASW show a similar distribution among their contributors. Both the *Compass* and its successor, the *Social Work Journal,* had a slight preponderance of men contributors until 1955. The exception to this was the period of the early 1940s when women contributors tended to exceed men by about three to one. Another professional journal, *Social Service Review,* published by the University of Chicago, showed a similar pattern. (Though not an AASW publication, that journal is mentioned here because it is a more generic social work publication, unlike the specialty ones already discussed.) The exception to this pattern was the *Social Work Yearbook,* published by AASW and later by NASW. Women have never constituted more than a third of the contributors to that volume save for the 1945 edition, in which 42 percent of the contributions were written by women.

National Association of Social Workers. The National Association of Social Workers, formed in 1955, was not only the successor organization to AASW, but also incorporated into its fold all the specialty organizations. The very first slate of officers, board members, and committee members, in addition to the male president, had an exceedingly high proportion of men. This was not the typical pattern to be followed over the next few years, however; the more equal proportion of men and women in the leadership structure of NASW was most typical of AASW, and continued until the 1960s. That decade saw a sharp decline in the proportion of women—about three men to one woman.

The official professional journal of NASW, *Social Work,* saw a similar and steady decline in the proportion of female contribu-

tors from an equal ratio in 1956 to approximately a third in the 1970s. This situation, which accelerated during the 1960s, has garnered comment of late with respect to the status of women within social work. It is hardly a new situation. Whether the status of women among social work leaders is declining, as the data would indicate, is a question which bears tempering with some other facts before interpretation.

Dramatic changes have come about in NASW since its inception and since the later days of its predecessors, including increasing professionalization, a trebling in size, and inclusion of a far greater proportion of the total number of social workers within its ranks of membership. Most relevant and most important is the increase in the proportion of members who are male. This trend started in the post Second World War period, and in part is credited with being a by-product of the GI educational benefits. Indeed, during the 1940s schools of social work saw almost a doubling of the proportion of male graduates, from 25 percent in 1941 to 41 percent in 1951. These increases in the educational sphere have been reflected in the membership of NASW. In the mid-1960s the proportion of the male membership reached a peak of 40 percent. Another change might also be noted here related to the increased relative and absolute numbers of men in the profession. The almost singular allocation of men to administrative and executive positions which prevailed to the 1940s has changed somewhat. Men now do some of the direct service work. A sample survey by NASW published in 1969 indicated that approximately 31 percent of direct service workers were male; in spite of these figures, the age-old pattern with respect to male leadership in executive positions show an even more pronounced trend: that survey indicated that 60 percent of the executives were men.[21] This same survey demonstrated the perpetuation of another age-old pattern—differential pay for the same work. In sum, changes in both the relative and absolute

[21] Alfred M. Stamm, "NASW Membership: Characteristics, Deployment and Salaries," *Personnel Information: National Association of Social Workers*, XII, No. 3 (1969), 34–45.

numbers of men in the profession and its organization are reflected in the organization. Women now constitute a smaller proportion of those in leadership roles than they did a few decades ago; however, they also constitute a smaller proportion of the membership—of course, not nearly so small a proportion of the membership or of the rank-and-file workers as they do in the ranks of the elite.

In discussing the first twenty-five years of the Conference of Charities and Corrections we noted that the position of women in philanthropic and charitable work was periodically debated. Different themes and rationales characterized the various debates over the position and contributions of women. Notably, it was Mary Richmond who expounded the idea that sex should be no determinant of position but rather expertise, and following this idea that men should be engaged at all levels of work, indicated a need for more men in social work. Of the various rationales discussed in the late nineteenth century, the only one to persist over the next six decades was this one. Throughout the publications of both AASW and NASW, whenever sex distribution and social work were discussed or written about, the message was the same in the 1920s and in the 1960s: there must be more men. Coupled with this was the persistent rationale of the rightness of differential pay and rewards for men and women in order to attract and keep men in the profession. The increase in the proportion of men in the profession which marked the post Second World War period was accompanied by an acceleration of this viewpoint. The various personnel and manpower studies conducted by NASW stressed the importance of the gains to the profession that might accrue from the increased proportion of men. The early 1960s perhaps saw the peak of this perspective. The preoccupation with the need for increased maleness in the profession was not unrelated to a similar preoccupation: prestige and power for the profession and the professionals. Two male authors, in an article published in the personnel bulletin of NASW, capture the relationship between the two values. There is some indication in their article that not only was there a de-

mand for more men in the profession, but also that increased power and prestige might come about *only* through *total* male dominance:

Historically the public image of social work has not been high. The widespread attitude that it is really a woman's profession reflects to some degree the relatively low prestige rating of social work and the inferior role of women in a society traditionally dominated by men. *Status positions—with the possible exception of social work teachers, including top level officials, public officials, agency directors, chest and fund raising executives, and others, have formerly not been filled from the ranks of trained social workers.* This may be primarily because these roles have been covered with *"for men only"* signs and social workers with statesmanship ability have been in short supply among the ranks of men in social work. With increased numbers of men entering the social work profession, there seems to be an excellent opportunity for the status and prestige of the social worker to improve.[22]

The all-too-obvious implication is that the top positions should continue to be covered with a "for men only" sign—but men with masters' degrees and doctorates in social work. The goal of total maleness is gleaned in another portion of the article. Noting the shift in the proportion of men and women deans of social work schools, from 69 percent men in 1953 to 82 percent in 1962, the authors applaud this progress. True success, it can be assumed, would come only when that figure reaches 100 percent. Since the official sanction of such a viewpoint was conferred by that article's publication in the profession's personnel journal, it is not hard to speculate what the hiring and personnel practices of that profession have been with respect to women.

National Conference on Social Welfare. Finally, let us examine what the position of women has been in the twentieth century in the National Conference of Charities and Corrections and all its successors. The Conference is, of course, older than any of these other professional organizations or publications.

[22] Rex A. Skidmore and Milton G. Thackery, "Male Social Workers—on the Increase," *Personnel Information: National Association of Social Workers,* VI, No. 3 (1963), 35; emphasis added.

Yet we find a similar patterning in the years when it was contemporary with them. The first decade of the Conference in the twentieth century indicated a tentative stabilization of the acceptance of women in its participation over that in the late nineteenth century. Published discussions of the appropriateness or inappropriateness of women's role were nonexistent. The election of Jane Addams to the presidency in 1910, while not uncontroverted, was a landmark. By no means, however, did this indicate that the women had "taken over." During the first twenty years of the Conference, papers contributed by women remained at a fairly constant 25 percent, and the officialdom had a ratio of about one woman to three men. The proportions gradually increased during the 1920s, and in the 1930s both the contributed papers and the offices were about equal between men and women. In some years in the early 1940s women slightly outnumbered men in the offices held. As with our other indicators, however, the post-war period saw a rapid reversal in that trend, until in the 1960s the proportion of women contributors in the published proceedings and in the offices of NCSW was the lowest in this century. Now, in 1973, the ratio is two men to one woman.

We set out to answer whether social work, universally known as a "woman's profession," has in fact been led and dominated by women. We think the answer is NO. If our indices of leadership—publications in professional journals, office-holding in professional organizations, and the holding of executive and administrative positions—are accepted, our data indicate that, with the exception of a brief period and within a small segment of specialties, women have at best shared equally in social work leadership and, more characteristically, have been in a minority. The excepted time period was the late 1930s and early 1940s; the excepted specialties were medical and psychiatric social work. We can only speculate as to the reasons for both the rule and the exceptions.

The precedence of women over men in leadership positions in the late 1930s and early 1940s might of course be related to the two major societal occurrences in those years, the depression and

the Second World War. Certainly the fact that the men were
"off to war" in the 1940s might be the most parsimonious expla-
nation. We believe, however, that phenomena within the profes-
sion itself might also contribute to the explanation. The 1930s
saw significant steps in the professionalization of social work,
particularly in the expansion of graduate social work education.
Both at the master's degree level and at the doctoral level in
these years, women strongly predominated. Thus, their ascen-
dance into leadership positions might well be because they consti-
tuted an almost exclusive pool of those with graduate profes-
sional education. Looked at in this way, their predominance in
such positions, which was far from exclusive, was in fact still an
underrepresentation of their proportion in the ranks of the pro-
fessionally trained.

As for medical and psychiatric social work, until after the Sec-
ond World War these specialties were peopled virtually totally
by women. As specialty organizations unto themselves, their
leadership drew entirely on this female membership pool. We
have raised the question as to whether even these specialties
could validly be considered as woman-dominated since in fact
they were dominated by medicine, a male-dominated profession.

Given the nature of our analysis, our interpretation of the
more typical patterning of leadership roles in the profession in
general, with its predominance of men, must remain circumspect
and speculative. Indeed, it can assuredly be ascribed simply to
the values and structuring of the broader society with its male
dominance and female subordination. Obviously, this is in part
the explanation. Yet, even acceptance of this societal mirror-im-
age explanation raises questions which will bear further scrutiny
as to the implication for the profession of social work of this
rather wholesale adoption of the dominant society's value sys-
tem. What has it meant, and what does it mean, that the profes-
sion has been structured with such vast underrepresentation of
its membership in its leadership? To what extent has this pat-
terning repeated not only the male/female role structuring in
the broader society, but also the value orientations of that so-
ciety toward the clientele of social work? What does it mean,

and what has it meant, that those in day-to-day interaction with the clientele are also those less likely to have access to positions of power and control over the profession itself?

While the literature for a century has been replete with descriptions of the stereotype of the social worker as a woman, a woman specially fitted to her tasks because of her innate maternalism, sensitivity, and warmth, we must note the extent to which the work itself has been dominated by men. Are we to assume, then, that it has been a male decision that these are the most fitting characteristics for the rank-and-file worker? If this be the case, then we must ask where in the leadership of the profession are these qualities and values, supposedly so necessary to the tasks and structuring of the work, to be found? How, for example, can we reconcile the ideal of this free-flowing maternalism with the long-established dictum in the professional literature that to be giving is to increase dependency? Or should we also ask, if women have been selected for the work by men, has it necessarily been because of their maternal qualities alone, or also, and more importantly, because of some other ascribed qualities—their submissiveness and passivity? And are these not the very qualities the broader society would like to see infused into, or perpetuated in, the clientele?

Social Work Education:
the Myth of the Agency as Partner

RUTH R. MIDDLEMAN

THE "POSITION STATEMENT OF FAMILY SERVICE AGENCIES REGARDING GRADUATE SCHOOLS OF SOCIAL WORK," [1] developed by an *ad hoc* committee "as a tool to be used in a series of phased steps to relate us to schools of social work and to other fields of practice that have similar concern," [2] was drafted to "command attention" and reach agreement with schools "on what the graduate of a school should be like." [3] This report was circulated to member agencies of the Family Service Association of America, (FSAA), *not* to the schools; "but had reached many of them in a variety of ways" and has also elicited interest and support from child welfare and mental health agencies.[4]

The burden of the report is that present-day graduates are inadequately prepared to offer effective social casework services, have a too general education, and hence cannot meet the service demands faced by the casework agencies. This call to action by FSAA suggests that the source of the problem is the wide communication gap between the educational and service systems of social work and urges bringing agencies and schools together so that agencies can have greater involvement in setting the goals of the total curriculum or in revising the educational programs.

Although this is perhaps the most formal, orderly statement

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[1] Family Service Association of America, 1972. See also *Smith College Studies in Social Work*, February, 1973, pp. 108–10.

[2] "Memo to Executives of Member Agencies and Provisional Member Agencies" from Clark W. Blackburn, Executive Director, FSAA, November 3, 1972.

[3] *Ibid.*   [4] *Ibid.*

and planned campaign on the part of social agencies, it is by no means a new complaint or formula for solution.[5] Other positions and sentiments have been expressed by the practitioners; in general, they reveal a disaffection with the state of social work education and a wish to have a more direct influence in shaping the curriculum. The family service workers can be easily joined by colleagues from the other voluntary social agencies,[6] by Jewish communal service personnel,[7] and by the directors of hospital social service departments,[8] among others. The response of the Veterans Administration (VA) is one noteworthy exception to the more typical "solutions" of some service agencies; that is, to seek more agency power within the schools' curriculum-planning mechanisms, to set up mini-schools within the agency, or even find graduate programs outside social work to train personnel—a direction of the Jewish communal workers, to a social work education that is teaching students the "wrong" things or not enough of the "right" things. The VA funded and launched four task forces with various social work educators and produced a two-volume document detailing this joint study of the implications of changing service requirements and professional education.[9] Follow-up data on the performance of social

[5] The complaint about the communication gap was sounded by Arthur L. Leader, "An Agency's View toward Education for Practice," *Journal of Social Work Education*, VII, No. 3 (1971), 27–34, and by William A. Bell, "Practice Critique of Social Work Curriculum in View of Current Trends and Developments in Practice," *Social Work Education Reporter*, XX, No. 3 (1972), 32–34.

[6] The Philadelphia Council of Voluntary Agencies has prepared a position statement to inform the Council on Social Work Education of its questioning the direction of the schools' educational programs.

[7] Bernard Reisman presents a comprehensive analysis and historical review of developments in "Social Work Education and Jewish Communal Service and Jewish Community Centers: Time for a Change," *Journal of Jewish Communal Service*, XLVIII (1972), 384–95.

[8] The Society for Hospital Social Work Directors of the American Hospital Association has devoted considerable attention to proposals for necessary curriculum changes in schools of social work so that social service manpower in health care services will have better preparation. See Elaine Rothenberg, "Curriculum Implications of Educating Social Service Manpower for Health Care Services," and Elsbeth Kahn, "Social Services in the Health Care Corporation."

[9] *Report of the Curriculum Building Project Conducted by Syracuse University School of Social Work under Contract with the U.S. Veterans Administration*, Lester J. Glick, ed., Vol. I; Robert L. Barker and Thomas L. Briggs, eds., Vol. II (Washington, D.C.: U.S. Government Printing Office, 1971).

work students within the VA field stations are being collected.[10]

These moves by agency and organization personnel follow by about twenty years moves initiated by the schools to experiment and innovate with the field component through assuming more direct responsibility for its form and content. The motives were educational but also practical, for some means had to be found by which to expand the numbers that could be educated and establish new schools in communities without many professional resources. Communities wanted more professional social workers, many untrained workers wanted a degree, and monies were available to support faculty in those schools that developed field units and even, as demonstrated by Tulane University, field training centers. The literature of the 1960s began to report these experiments, highlighting mainly the educational rather than the financial rationale for the moves.

Amply documented is the dissatisfaction of the educators with field learning experiences devoted to apprenticeship formats that emphasize the practice and operating procedures of one agency as the exclusive means for translating practice principles into action. Objections were raised to the narrowness of the traditional patterns of agency-based supervision with its focus primarily upon the relationship with individuals or small groups, with its emphasis upon skill development rather than knowledge about practice (as if the conceptual development of social work practice theory was, in fact, complete and elegant, and needed only to be transmitted to the novice), and with its connection primarily to the practice class rather than to all content areas of the curriculum.[11]

[10] The February 21, 1973 memo of Benjamin B. Wells, Deputy Chief Medical Director, Veterans Administration, "Report of Social Work Service," seeks information from directors of the hospitals, outpatient clinics, and other service departments to assess agency-school relations, the nature of student involvement and specific tasks performed in the various field stations, and the learning content of field instruction.

[11] Margaret C. Schubert, "Curriculum Policy Dilemmas in Field Instruction," *Journal of Education for Social Work*, I, No. 2, (1965), 35–47; Mark P. Hale, "The Parameters of Agency-School Social Work Education Planning," *ibid.*, II, No. 1 (1966), 32–40; Mark P. Hale, "Innovations in Field Learning and Teaching," *Social Work Education Reporter*, XV, No. 3 (1967), 20; Kenneth W. Kindelsperger, "Innovations in Field Learning and Teaching," *ibid.*, p. 22; Mildred Sik-

One emphasis in professional education in the 1970s is upon teaching students how to work at reducing the incongruence between agency policy and professional ethical commitments [12] and ways to enhance a reciprocal influence process between student and agency—student upon agency as well as agency upon student—rather than accepting the earlier unilateral focus and function of field teaching; that is, to socialize students into agency ways, assuming these to be a microcosm of professional ways.

Directors of field work have also questioned a 1969 curriculum policy of the Council on Social Work Education (CSWE) that emphasizes the uniqueness of each school.[13] Such a policy freed each school to develop its own educational program with an accent upon flexibility, diversity, and a shifting practice, it was claimed, but offered few guidelines to shape the field component. Like the agencies, the field directors urged each other to seek more participation in articulating the school's goals.[14] Although dissatisfaction is rife on all sides, there seems to be general agreement that the name of the game is change and that the profession must remain relevant and produce practitioners who can swim with the tides rather than fight them, who can even help create the tides.

In 1970 Kurt Reichert, then the CSWE staff member in charge of the Division on Standards and Accreditation, summarized developments and trends in social work education [15] and

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kema *et al.*, *Field Instruction in Graduate Social Work Education: Old Problems and New Proposals* (New York: Council on Social Work Education, 1966; Sam Finestone, "Selected Features of Professional Field Instruction," *Journal of Education for Social Work*, Vol. III, No. 2 (1967).

[12] Rino Patti and Herman Resnick, "Educating for Organizational Change," *Social Work Education Reporter*, XX, No. 2 (1972), 62–64.

[13] Mary Ann Quaranta, "Curriculum Policy Statement of 1969: Implications for Field Instruction," *Social Work Education Reporter*, XIX, No. 3 (1971), 58–60.

[14] *Ibid.* For an interesting description of one school's response to field curriculum redesign see Mary Ann Quaranta and Greta Stanton, "Planning Curriculum Change in a Large Traditional Field Instructor Program," *Journal of Education for Social Work*, IX, No. 1 (1973), 55–68.

[15] Kurt Reichert, "Current Developments and Trends in Social Work Education in the United States," *Journal of Education for Social Work*, VI, No. 2 (1970), 39–50.

predicted some future requirements: educational preparation at several levels; diversification in practice concentrations in education at the master's level; interdisciplinary emphasis in service, teaching, and research; and preparation for continuing social change.[16] All these predictions are actualities now.

It is inevitable and not lamentable that the specialized needs of particular arenas of service are not adequately encompassed in any one package termed "professional education." For the special requirements of our complex, innovative age preclude any such possibility and will increasingly demand particulars that professional education will not directly supply. It seems to me that those who long for the good old days when agencies and schools were close partners producing a mutually beneficial product who moved into agency work equipped with the necessary skills—a worker who might, with diligence and loyal service, expect to be promoted to supervisor in five to ten years if he did not bolt away to become an executive in another agency—are meeting the present neuralgia with an Rx of nostalgia. We can no more return to that era than we can to the days of the big bands when partners danced with each other rather than winging it alone or sitting and listening to the nondanceable present-day tempos.

Closer communication is no solution to the problem; in fact, *greater communication (collaboration) between school and agency has as much potential for further alienation as for compatibility.* The communication gap itself might better be viewed as symptom rather than disability to be removed. There is good reason for the gap, which should act as a tonic to both agency and school to go about their business differently. But whether symptom or disability, I say, "Vive le gap!" I believe it is a necessary condition to stimulate ferment and continuous change for both systems and a means for approaching more creative ways to erase social distress. I see the hectic relationship between school and agency as a dialectic process of tension and struggle between

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[16] For specific shifts in emphasis within the master's level see *ibid*., pp. 42–44.

two different entities rather than two polar extremes on one continuum termed "learning professional practice." Out of the very incongruence the learner creates his own synthesis which becomes his professional behavior.

The dilemmas exposed when casework ceased to be considered synonymous with social work are far more fundamental than whether or not a generic methodology is better or less good than a rigorous two years devoted to learning casework. Obviously, if students must spend time learning things other than casework, they will not learn so much casework as they did in bygone days. Since casework has been challenged (like the other people-changing approaches in other people-serving professions) as to its sufficiency and appropriateness for today's social distress, the response of schools cannot simply be to prepare students to do their casework better. For the people-changing emphasis of casework in too narrow to stand for society's response to persons in stress. No longer can casework and client-changing be considered equivalent to social work.[17] In Anselm Strauss's study of mental health professionals inside the hospitals and the ideological diversities that direct their activities, he observes that "in any institutional setting, those professional groups seeking strong positions are more likely to espouse new ideologies." [18] This characterizes the profession today with respect to all specialists in the human services; and as has been the case with medicine, so with social work, "new concepts and practices have a way of making a shambles of current order." [19]

Rather, in light of present social science knowledge and the findings of empirical research, on practice, we might ask why agencies are still calling themselves casework agencies. Why are social workers in hospitals, children's services, and so on, still

[17] It is not intended that casework alone is the only method referred to in the people-changing orientation. Rather, casework is identified for purposes of simplicity because it has provided social work with a more elaborated theoretical base than other methods, and because of the huge proportion of social workers who are casework-trained.

[18] Anselm Strauss *et al., Psychiatric Ideologies and Institutions* (New York: Free Press of Glencoe, 1964), pp. 370–71.

[19] *Ibid.*, p. 315.

calling themselves caseworkers? Why are the want ads in the National Association of Social Workers (NASW) *Personnel Information* still calling for caseworkers, psychiatric caseworkers, and group workers rather than for social workers?

The major gap between school and agency is a means gap even when at the ideological level there is congruence of goals between professional education and agency practice. For so long as agencies focus mainly upon means to the goals and think casework, treatment, and therapy as they talk about what they do, so long will there be dissonance between the imperatives and action toward the goal of getting social services that articulate with the social change requirements of creating options and opportunities for disadvantaged individuals.

The communication gap between school and agency is inevitable. I believe this stems from the basic dissimilarity between the structures of the two systems. The university and its subsidiary school of social work operate, at least theoretically, as a collegial structure. The social agency operates as a bureaucratic structure. The means for decision-making, the norms, the organizational behavior, and so forth of each system are different. For example, collegial structures abide by majority judgment in decision-making and must leave a time-honored amount of academic freedom to the individual professor as to what he will or will not teach. Bureaucratic structures, on the other hand, tend to make decisions based on the power and judgment of those in the top hierarchical positions; the individual worker either goes along with the administrative decisions or goes elsewhere. It is frustrating to the agency executive to telephone his perceived counterpart, the dean, to discuss communication problems between the two systems and equally frustrating are his calls to the director of field work. For the line of authority of deans and field directors differs from the chain of command that connects agency executive and staff. The school will always seem less decisive, efficient, orderly, and responsive to the social agency due to its inherent structural difference. While the executive can marshal information on behalf of the agency speedily, the poor deans and field directors most likely will need time to

search out where among their individual professorial types questions might really be answered.

This difference in behavior learned in response to two different organizational requirements particularly affects the field instructor, who somehow tries to operate both as a collegial autonomous professional, often with professorial rank, and as a hierarchical functional specialist more or less bound within the agency bureaucracy, according to which system pays his salary.

And what is the situation today? Congress is being restrained by the President from spending even the limited monies already allocated for social welfare purposes. To balance its budget the Administration seeks to shift to the states, at the expense of the poor and powerless, a responsibility it had gradually assumed for ensuring even a marginal general health and welfare. Social welfare programs and social workers are again the scapegoats of those who profit from the economic arrangements of this country. Social work has not been loud, clear, and unanimous in specifying its area of expertise within the social sphere; some predict that the profession may disappear entirely in the future —its functions assumed by related professions.[20] Some practitioners are settling this matter themselves by "passing," identifying themselves by more palatable titles like "therapist," "counselor," "organizer," and "consultant."

From the 1940s to the mid-1960s the profession's push for a "professional" practice with commensurate status, with holders of masters' degrees staffing the social welfare establishment, was only one-fifth achieved,[21] while the man on the street, polled by opinion gatherers, accorded "welfare workers" a status on a par with undertakers and farm owners, slightly above policemen, and slightly below railroad engineers, printing shop owners, and machinists.[22] "Social worker" as a category did not even appear

[20] James A. Goodman, "Projections for 2000 A.D.: Health and Mental Health." Third NASW National Professional Symposium, New Orleans, 1972.

[21] Morton Levine, "Trends in Professional Employment," in Edward E. Schwartz, ed., *Manpower in Social Welfare: Research Perspectives* (New York: National Association of Social Workers, 1966).

[22] Robert Hodge, Paul Siegel, and Peter Rossi, "Occupational Prestige in the United States: 1925–1963," *American Journal of Sociology*, LXX (1964), 290–92.

in the occupational listing! I dare not think what a poll taken tomorrow would reveal.

In this tightening, repressive atmosphere that is stifling all the human services, traditional social agency personnel tend to blame the NASW move to admit holders of bachelor's degrees to professional status. They also blame schools which have pointed their curricula toward social change imperatives as well as toward adjustment and coping social work practice approaches. To some, this lack of belief in the profession is a mandate to get back to the 1940s and 1950s. This is consistent with a common phenomenon, amply detailed in the social-psychological literature, to the effect that groups attacked by an outside force tend to engage in infighting, while presenting a united front to the attacker. Thus, schools and agencies may blame each other much as ethnic and religious groups indulge in infighting and "in" humor as a part of their private behavior. But they do not show this face to the attacker; nor should social workers. Despite our differences and anger with each other, we must not dissipate our energies with infighting and distract our attention from the common enemy—a society which has not yet decided how much goods and welfare each citizen should have.

Severe financial cutbacks face the social welfare providers and the schools of social work. The cuts especially affect the federal funds used by universities for student stipends, for innovations in field units, and thus for field instructors' salaries. Ideology and educational theory can be developed to support the efficacy of field learning experiences at the hands of either university-based or agency-based personnel, depending upon what is financially possible. Schools used the agency-based teacher (whose salary was paid by the agency) in the past and developed supporting educational rationales until monies were available to initiate and justify alternative approaches. Today the economic feasibility of either approach is moot.

At no time more than now do agencies and schools need to see that they need each other and must tolerate each other *in their differences* rather than tell each other how to be and do, despite the frustrations engendered by discrepancies in opinion about

what is and what ought to be. Neither agency nor school relishes being told that it is out of step. Each partner must change itself if tomorrow's needs are to be met. Room for achieving changes on each side will come from separateness, at least at the local levels, not from returning to the lock step of the past. For the profession is bigger than any given local unit.

Our *zietgeist* is fed by some of the following elements:

1. A society with a system of economic arrangements that has produced an industrial technology far out of line with the social arrangements needed to live with it—a society which demands and rewards increased knowledge, technical know-how, and specialized skills while larger segments of the population are ill-equipped to fit within the mainstream arrangements

2. A society of widening class gaps and increasing inequality: [23] a small elite that benefits from our patchwork alterations of the old law of economic supply and demand and that protects its increased resources through subsidies and other loopholes; a huge growth of knowledge workers and professionals [24] expected to know more about more things; a vast labor force engaged in routine, boring jobs —perhaps proud of increased income even though tax withholdings so reduce take-home pay as to make a raise merely illusion; and an increased number of rejects and misfits, less and less subsidized to develop the means for maneuvering, let alone advancing, within the system

3. A society where rich and poor have access to instant communication from the earth and the moon and are well aware of the diverse life styles, affluence, terror, brutality, and immorality of national mainstream interests

4. A society in which disadvantaged classes, races, sexes, and age groups are aware of their positions

[23] Herbert J. Gans, "The 'Equality' Revolution," New York *Times Magazine,* November 3, 1968; Wilbert E. Moore, ed., *Technology and Social Change* (Chicago: Quadrangle Books), pp. 208–22.

[24] During the 1960s the number of college students in the United States more than doubled; two thirds of this increase was due to a rise in the proportion of high school graduates continuing their education.

5. A society proliferated by huge bureaucracies whose hierarchical organization cannot keep up with the pace of change,[25] whose pyramid is undermined by growing professionalism and specialization of line personnel plus increased use of staff personnel—all with higher levels of education

Such personnel view the organization more as a way station en route to greater challenge than as a permanent work place and are less willing to endure and function in the coercive, competitive, conformist conditions that characterize the bureaucracies.

6. A society which sports a generation gap unlike those of earlier years when the skirmishes resembled initiation ceremonies before the club was entered.

The young fought the old before incorporating their wisdom and joining them. Today's gap is between two different growing-up experiences, and the older generation (or the superior in the organization) does not possess the important knowledge for the present simply because he has lived or worked longer.[26] Authority is no longer automatically accorded the experienced by today's child, despite its legitimated sanctions, for the rate of change in the living experience may make one person's learning obsolete while he is still midway on his course.

What does this suggest for social work? First, the profession must make a clear distinction between the processes of educating and training. These terms have been used interchangeably and fuzzily. Social work education arose from training programs established by agency personnel to teach workers systematically a

[25] George E. Berkley cites a report of the National Commission of Technology, Automation, and Economic Progress that before the First World War it took about thirty years to make a technical discovery commercially applicable, about sixteen years between the wars, about nine years since the Second World War, and the time lag has been decreasing since then. *The Administrative Revolution* (Englewood Cliffs, N.J.: Prentice-Hall, 1971), p. 23.

[26] Henry W. Maier elaborates these notions and proposes that "the structure of interpersonal relationships is undergoing a shift in authority orientation—a shift from a model which has a generational, hierarchical, and backwards orientation to one with a lateral, sidewards, and peer-associational orientation." "A Sidewards Look at Change and What Comes into View," unpublished paper, School of Social Work, University of Washington, Seattle, 1973.

practice out of the practical realities that faced social agencies.[27] Social work still speaks of the trained and the untrained more than of the professionally educated and those who are not professionally educated. Training implies the mastery of certain actions. Its focus is upon performance. It is a vital part of education for the professions and is central to preparation for the performing arts. The object of training is to make individuals proficient by instruction and practice, discipline, and drill. Educating refers to imparting general knowledge, developing powers of reasoning and judgment as well as skill. Education frees; training binds. The object of education is to increase choices, to raise doubts and question ambiguities that complicate and confound action; the object of training is to convey guidelines and prescriptions for action (often through role modeling and demonstration) already judged to be right, good, or useful to the awkward novice or to help individuals master complex, specialized activities.

The complication for social work stems from placing the educational objectives in the hands of the agency supervisor who also carries administrative responsibility both for students and for other staff. The pattern of close, one-to-one supervision of the student in the master's program was extended in a watered-down version to the rest of the staff—to their disservice [28]—and precious little energy was left to stimulate and train all staff toward greater skill and mastery of new techniques.

Austin was the first to suggest that the administrative and educational aspects of supervision be separated and assigned to two different individuals in the hierarchy.[29] Hanlon elaborated this

[27] Werner Boehm, "Education for Social Work," in *Encyclopedia of Social Work*, 16th Issue (New York: National Association of Social Workers, 1971), pp. 257–73.

[28] In the large agencies that have training specialists, most of the attention is concerned with induction and orientation of staff. Continuing training activities are limited almost entirely to institutes and workshops outside the agency. Staff turnover and changing service demands absorb staff energies in "a treadmill of catching-up." Eleanor K. Taylor, "Staff Development Dilemma: Continuing Training for All Staff," *Social Work Education Reporter*, XVII, No. 3 (1969), 33–35. Small agencies devote even fewer resources and less attention to in-service training.

[29] Lucille Austin, "An Evaluation of Supervision," *Social Casework*, XXXVII (1956), 375–82.

theme twenty years later and described the conflictual nature of professional and administrative values.[30] The traditional pattern of supervision that social work has relied upon almost exclusively to stimulate new excitement about practice innovation and to assure a level of accountability for its practices is now questioned on many grounds. It is questioned because its relation to the hierarchy bestows tremendous power over the destiny of staff—a power often used to induce conformity. A code of ethics has been suggested to guide supervisory behavior in conflicts with staff over what is and what ought to be.[31] It is suggested that movement into private practice stems more from the practitioner's desire for increased autonomy instead of hierarchical subordination than from a desire for more money.[32] And it is questioned here because it has gotten in the way of allocating money and staff time to develop a cadre of agency-based training personnel who attend to the performance level of all staff.[33]

Schools of social work must now compete with other disciplines and programs at undergraduate and graduate levels; their graduates must be better prepared than graduates of other programs if they are to gain any preference with the employers who direct social welfare and related programs. The schools are committed to a multitiered educational continuum extending from community college associate of arts degree through the doctorate. They must work at defining discrete offerings geared to specialized, differentiated content (provided within the social work literature and the many related areas of specialized supportive knowledge) as well as phased practical experiences. Such a specificity does not now exist. The continuum must be articulated. No longer should the same textbooks and other educational technology be used at the sophomore and graduate levels. Schools must also develop partialized study packages and no

[30] Archie Hanlon, "Changing Functions and Structures," in Florence W. Kaslow *et al.*, *Issues in Human Services* (San Francisco: Jossey-Bass, 1972), pp. 39–50.

[31] Charles S. Levy, "The Ethics of Supervision," *Social Work*, XVIII, No. 2 (1973), 14–22.

[32] Betty Mandell, "The 'Equality' Revolution and Supervision," *Journal of Education for Social Work*, IX, No. 1 (1973), 43–55.

[33] For fuller elaboration see Middleman and Goldberg, *op. cit.*

longer idealize the time or pattern needed to socialize one into the profession—the two-year immersion in the master's program with some concurrent pattern of practical experience in the field. Many educational packages may now be better than our old ones. A more accessible linkage to the agency work force must be found so that agency personnel can easily continue to be exposed to the ferment created when they study practice and specialties with persons from other agencies. Industry has learned the value of financing continuous education, thus shaking up the organization and its members by subsidizing personnel to learn outside the organization, encounter new ideas, and decrease the isolation of the organization they serve.[34] In order for social agencies to sponsor periodic ongoing professional education, schools must offer attractive courses at times convenient to agency personnel and give credits that are applicable to advanced credentials.

Agencies should assume increased responsibility for training and attending to continuous organizational renewal for *all* staff. They should employ the kind of personnel who can do this job and deploy increased resources to making the work place an exciting environment—one where the employer is concerned about increasing workers' competence to do what the agency wants to do and to try out new technologies. In such a system the first role to topple will be that of the supervisor, who will become more rightly an administrative arm, like a foreman, and attend to such matters as reporting the routine job performance of staff, conveying agency policies and rules, ensuring that administrative reports and other information are available to agency management. When this happens, practice and advancement will not be evaluated hierarchically nor will the position of supervisor be the only route to higher status and more money for the line personnel. Practice may become public, with staff engaged in all kinds of task forces, seminars, and *ad hoc* committees where peer stimulation is emphasized and innovation rewarded.

[34] Berkley, *op. cit.*, pp. 72–75.

In such an environment, where the climate encourages practice concerns and exchanges for all staff, social work students are plugged in to the work groups according to their particular tasks. They will not consume the supervisory time presently devoted to their individual gropings since their major learning and contribution will occur within the staff groups concerned with services and issues that match their learning objectives. The student will experience the service as it is, with one agency person designated to account to the school for his performance (not his internal growth struggles), his contribution to client service and organizational development.

Agency monies should be increasingly deployed to developing the interest of staff members and rewarding those who want to upgrade their practice. This suggests reorganization of the pyramid into small units who regularly receive training and stimuli from internal personnel skilled to work through group approaches, and a distribution of responsibility for practice to peer self-help approaches throughout the organization. It also suggests investing financially in staff education away from the agency, paid by the agency and undertaken on agency time.[35] While the social work profession has used the medical profession as a model in other aspects of service, it has *not* adopted the policy of requiring continuing education of its members as a condition for remaining in good standing.[36] Too many social workers are riding along on twenty-year-old master's degrees and criticizing students for having different frames of reference. In fact, students have carried too much of the burden for conveying new approaches to agency personnel, despite great obstacles. Agencies and the profession should attend to knowledge gaps themselves.

The master's degree should "self-destruct" as a valid credential if not augmented within at least five years by stipulated further study—as yet not formulated by our profession. NASW should

[35] Berkley reports such developments on the part of dollar-conscious business and industry. *Ibid.*, pp. 160–61.

[36] Since 1970 the American Medical Association has pressured its members and all physicians to keep their knowledge and skills up to date, insisting that physicians have 150 hours of continuing education and other developmental experiences within each three-year period.

set such minimum requirements to ensure continuous develop-
ment of the profession and reduce the gap between what schools
teach and what agencies do. NASW is actively pursuing the li-
censing issue sorely needed for the regulation of practice.[37] In
the bill which NASW will propose to the 1973 Delegate
Assembly [38] a three-level classification system for social work ex-
pertise is defined, each with specified requirements and labels:
certified social worker; social worker; and social work associate.
A push toward state-level enactment of this legislation will un-
doubtedly move the profession toward greater clarification of so-
cial workers' roles within delivery systems and restrict use of the
title "social" worker to those who have had special preparation.

CSWE has created a new task force on social work education
and practice broadly representative of undergraduate and gradu-
ate faculties, students, and private, public, federal, and local
interests [39] which was called to a first meeting on March 7,
1973.[40] In its background statement, the Charge acknowledges
the mutual concern of educators and practitioners with the im-
provement and advancement of social service delivery and also
acknowledges the different functions of educational and service
institutions. It calls for "continual enhancement of communica-
tion and cooperation between the social work practice commu-
nity and social work education to ensure optimal utilization of
the knowledge, experience, and expertise of each." [41] The task
force is to facilitate the interchange. This development should
be encouraging to all who wish to work toward new linkages be-
tween both organizations in order to improve education and ul-
timately to better services for those in need.

These encouraging movements at the national level are aimed
to deal with the confusions that inhere in changing practice and
education. We have sometimes adopted the perspective of the

[37] "NASW Model Bill Revised," NASW *News*, XVIII, No. 3 (1973), 20.

[38] NASW, *New Directions for the Seventies: Professional Issues and Action Booklet* (Washington, D.C.: NASW, 1973).

[39] Council on Social Work Education, "Charge for the Task Force on Social Work Practice and Education," February 20, 1973.

[40] Abraham Lurie, "Memo to Task Force on Social Work Practice and Educa-tion," March 7, 1973.

[41] Council on Social Work Education, *op. cit.*

student and treated the school-agency relationship as a bipolar continuum—the professional learning experience—with agency at one end and school at the other. Rather, in view of their primarily different objectives, it seems more useful to view school and agency as two separate systems that may share some common goals and interests but must have conflict over means. The myth of the agency as partner is the tradition, evolved over the years, that the association of the school and each agency that has its students be *close*, if not identical, in terms of objectives. A loose, not so close, association can allow for the differences inherent in the orientation of school and of agency even though conflictual at times. And if one believes that conflict is a positive, inevitable part of living, then living with the struggles need not be too terrible.

Bilingual-Bicultural Service for the Barrio

GUADALUPE GIBSON, ERNESTO GOMEZ, and YOLANDA SANTOS

In recent years, the Chicano community, including Chicano social work educators, practitioners, students, and particularly *la gente del barrio*, [1] have expressed much concern over the irrelevance of social work services and education. It views the social work profession as a perpetrator of society's outright negligence, institutional insensitivity, and socioeconomic oppression which have bred generational poverty among the masses of Chicanos in the Southwest. The response of the schools of social work in the Southwest, Chicanos maintain, is to graduate pacification agents whose standard therapeutic approach not only is totally alienated from the Chicano community but attempts to convince exploited Mexican-Americans that their difficulties stem from personal deficiency rather than from dysfunctional social structures. Activists within the Chicano community have strongly advocated a total revampment of social work education

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[1] The term "Chicano" and "Mexican-American" are used interchangeably throughout. The *barrio* is the basic unit of the social system, a concept that transcends geographic, political, and class boundaries. See Juliette Ruiz, ed., *Chicano Task Force Report* (New York: Council on Social Work Education, 1973).

with concomitant changes in social work practice through establishment of parallel institutions that would train Chicanos to resist and work to change the powerful, oppressive societal structures. As a result of many such outbursts of anger and negativism divisions in the U.S. Department of Health, Education, and Welfare, together with the Council on Social Work Education, responded positively with the funding of several Chicano projects. These projects are primarily concerned with: (*a*) the recruitment and retention of Chicano students in the schools of social work; (*b*) the recruitment of Chicano faculty; (*c*) the identification, development, and inclusion of Chicano content into the schools' curricula; and (*d*) the training of bilingual-bicultural social workers.

Among these projects was the bilingual-bicultural training center, Centro del Barrio, at Our Lady of the Lake College, Worden School of Social Service, San Antonio, Texas, funded in July, 1971,[2] by the National Institute of Mental Health. One of the main objectives is to assist in the conceptualization and development of a bilingual-bicultural social service model in community mental health.

RATIONALE FOR A BILINGUAL-BICULTURAL MODEL

As we discuss the rationale for the development of a bilingual-bicultural social service delivery model, questions germane to the issue of social and cultural plurality must be posed.[3] To what degree does the American society adhere to the philosophical myth of the melting pot? To what extent do its institutions reflect that myth?

American society has recognized the existence of multi-ethnic groups and cultures in its membership and cannot deny that its institutions have caused minorities to suffer many indignities through racism and discrimination. It has, perhaps, even come to terms, intellectually, with the demand that there be no claim to

[2] NIMH grant # T01 MH 12737-02, 1971; SRS grant # 46-P-30178/6-01 2, 1972, Centro del Barrio.
[3] Tomas C. Atencio, "The Survival of La Raza Despite Social Services" (New York: Family Service Association of America, 1972), p. 97.

superiority because of color of skin. Yet, this recognition has not resulted in affirmative actions whereby its institutions would no longer adhere to the melting pot philosophy which attempts to make the members of ethnic groups conform to the dominant cultural life styles. Within this context, the social work profession is no exception. It professes that our society is comprised of multi-ethnic groups and cultures and champions the rights of each minority group to retain and promote its unique cultural life style. Nevertheless, no significant changes within its institutions indicate a respect for social and cultural pluralism. Consequently, social work institutions continue to offer services that are not only irrelevant and ineffective but also demeaning and at times dehumanizing. Social services to Chicanos need to be redefined to show respect for Chicano culture and to recognize the heterogeneity of the Mexican-American population. Services for Chicanos must be defined within the context of bilingualism and biculturalism.

Mexican-Americans are one of the few exceptions to the American rule of cultural disdain. A distinct Spanish-Indian-Mexican culture survives in the United States.[4]

The Southwest will continue to be a cultural extension of our Latin neighbors to the South, especially Mexico. This influence will never be eliminated. It is a reality in the historical sense as well as culturally and linguistically. The Chicano in the Southwest will always be bilingual and bicultural, despite systems that propose assimilation of all people.[5]

Linguistically, it is important to acknowledge the primacy of language in the life of an individual or a society; for language shapes how one views the world. Thus, to comprehend the Chicano experience, one must critically examine the language of Chicanos. Preconceived notions of what is correct or standard usage in Spanish or English must not overshadow the important role that language plays in human intercourse. According to psycholinguistic studies, human beings become committed to their

[4] Philip Montez, "Will the Real Mexican-American Please Stand Up" *Civil Rights Digest*, III, No. 1 (1970), 28.
[5] *Ibid.*, p. 29.

culture through their language. Language is the key to culture. Important manifestations of personality may be difficult to interpret without a knowledge of language. While for some sociolinguists the extent to which the manifestations are inextricably tied to language is still a theoretical issue, others consider it an essential medium by which personality is constructed.[6]

According to Hertzler, the bilingual has a deep loyalty to the language he learned first, the ancestral language to which he has a strong functional attachment. He has cultural loyalty associated with group traditions, customs, experiences, ceremonies, values, mores, beliefs, and institutional ways.[7] Language expresses an individual's philosophy of life and his value system. One of the most obvious examples of this is the concept of time. In the English language the clock runs; in Spanish, *el reloj anda* ("the clock walks"). This difference in time perception has caused endless communication problems between Chicanos and social workers.

At the heart of the Chicano experience is his language. It is a synthesis of the English and Spanish language. It has produced a mixture of two languages resulting in a unique kind of "binary phenomenon" in which the linguistic symbols of both languages are mixed in utterances using either language's syntactic structure. To illustrate, we turn to excerpts from a verbatim record of a young Chicana's conversation with a friend in which she utilizes the indiscriminate interposition of the two languages: "The language we speak *no es entendido* by anyone but us Chicanos. . . . *Nosotros nos entendemos* without any difficulty *y no creo que* we should change for anyone. People should *aceptarnos por lo que somos.*"

Often, English words are Hispanicized, particularly terms for which there is no well-known Spanish equivalent. A typical remark heard in the barrio is, "*Voy a parquear la troca en el drive-*

[6] Wayne H. Holtzman *et al.*, "Cross-cultural Longitudinal Research on Child Development: Studies of American and Mexican School Children," in John P. Hill, ed., *Minnesota Symposia on Child Psychology* (Minneapolis: University of Minnesota Press, 1968), II, 90.

[7] Joyce O. Hertzler, *A Sociology of Language* (New York: Random House, 1965), p. 428.

way." Here the English verb "park" becomes *parquar*, replacing the standard Spanish *estacionar*. Similarly, English "truck" is Hispanicized *troca* and substitutes for the standard Spanish *camion*. "Driveway," a word which is difficult to Hispanicize, is used without alteration in Spanish discourse.[8]

The following poem by Alberto Alturista is a further illustration of this binary phenomenon:

> *Mis ojos hinchados*
>   flooded with *lagrimas*
> *de bronce*
> melting on the cheek bones
> of my concerns
>   *razgos indigenes*
> the scars of history on my face
>   and the veins on my body
> that aches
>   *vomito sangre*
> *y lloro libertad*
>   I do not ask for freedom
> I am freedom.[9]

The Chicano language goes beyond this binary phenomenon. Chicanos speak a colorful and colloquial Spanish in their homes with Spanish-speaking relatives, friends, and neighbors. With Anglos, Chicanos may speak English expressively although sometimes ungrammatically; but they rarely speak of their feelings, emotions, or personal affairs. It is very common for Chicanos to switch from English to Spanish when the conversation shifts to a personal topic. The switch is without pause or hesitancy and in most instances is done unconsciously. Most Chicanos show a preference for Spanish. Many who seem withdrawn during a conversation in English become relaxed and articulate when expressing themselves in Spanish.

Language is more than just a means of conversing in the Chicano community. The Spanish language is a symbol of the Chi-

[8] Margaret Clark, *Health in the Mexican-American Culture* (Berkeley and Los Angeles: University of California Press, 1970), p. 58.

[9] Octavio I. Romano - V ed., *El Espejo, the Mirror: Selected Mexican-American Literature* (Berkeley, Calif.: Quinto Sol Publications, 1969), p. 192.

cano's existence as a community of people with a proud history and time-honored traditions and customs. Those Chicanos who are either unable or unwilling to speak the mother tongue are seldom fully accepted as members of their community; they are likely to be considered disloyal by their own people. A local teacher with a Spanish surname was unsuccessful in organizing a youth group because she was unable to gain barrio support for her program. A barrio resident attributed the teacher's failure to her lack of bilingual communication skills.

It's all right for an Anglo to speak Spanish poorly—the people appreciate his trying; but it is unpardonable for someone from a Mexican family not to speak Spanish. "People think that he's ashamed of being a Chicano, and they don't trust him or his ideas." [10]

Bilingualism is a goal toward which the people are striving; most parents want their children to speak both English and Spanish well. This, together with the new vital resurgence of the Chicano reality through the Chicano/Raza Movement, which heavily stresses cultural identity, has brought about a new cultural affirmation which emphasizes both bilingualism and biculturalism.

The importance of communication in all types of human services is fully recognized. For social workers, communication is the essential instrumentality for the development of relationships with the clients. For the social worker practicing in the Chicano community it is almost impossible truly to communicate unless he has bilingual skills. Without these skills he limits his ability for developing a relationship and is most readily doomed to misunderstanding and ineptitude. Even though a Mexican-American may be able to understand some English, he may not be at ease in his second language, especially when he is trying to verbalize his concerns. Shades of emotion and feeling are difficult to convey with limited vocabulary. Even Chicanos who speak English fluently may have communication barriers. They often conceptualize within the framework of the Spanish

[10] Clark, *op. cit.*, p. 56.

language. This may lead to a literal translation which may alter the meaning since there are Spanish expressions which are non-translatable to other languages. Some words, conceptually, mean different things to Chicanos than they do to English-speaking people. Also, it has been recognized by mental health practitioners, during periods of stress many people tend to regress, and because of this regression the importance of the primary language becomes particularly significant when dealing with stress. They need the language which has effective meaning to them at the point of seeking emotional release and searching for understanding, comfort, and, above all, help. Furthermore, communication with Chicanos is complicated by cultural factors. In nonverbal communication, Chicanos use gestures common to them which are very expressive, but which are so subtle that they are understood only by fellow Chicanos. In verbal communication, if verbal characteristics are misinterpreted, the base for understanding what was communicated would be lacking; therefore, communication would not take place.[11]

The concepts of bilingualism and biculturalism are closely related since bilingualism almost always connotes biculturalism, which refers to sociocultural elements that go beyond language. Chicanos, including those who are not bilingual, are bicultural individuals. They possess cultural characteristics of the mestizo and of the Anglo-American. Chestang's concept of biculturalism is most applicable in understanding Chicanos. He states that biculturalism is "characterized by a *duality of response* which has both conscious and unconscious aspects and which is internalized as a central aspect of personality." [12] He adds that bicultural people are *not* marginal people though they live on the fringes of the larger society. "The experience of functioning in two cultures results in dual responses," which does *not* mean dual personality but two distinct ways of coping with tasks, expectations, and behavior required by his condition. These dual re-

[11] Frances Jerome Woods, "Culture Conditioning and Mental Health." *Social Casework*, XXXIX (1958), 329.

[12] Leon W. Chestang, *Character Development in a Hostile Environment*, Occasional Paper #3 (Chicago: School of Social Service Administration, 1972), p. 9; emphasis added.

sponses converge within the bicultural person as an integrated whole." [13] Foremost in attempting to describe biculturalism are Ulibarri, Holeman, and Cooper in their discussion on the need for bilingual education:

. . . one should understand that the bilingual child, especially in the Southwest, is a bicultural individual. He lives in the world of his native Mexican-American culture as well as in the world of the Anglo-American culture. Certain types of behavior are desirable in one sociocultural context and are less desirable in the other. The child must learn to discern in what sociocultural contexts certain types of behavior can be used with least ill effects and with major desired outcomes. At the same time, the bicultural individual needs to know what set of values are attendant to the various roles that he plays in the two sociocultural worlds. For example, to use the value sets of competition within the Mexican-American family would cause disharmony and perhaps disruption. On the other hand, not to use the cultural set of competition within the labor market and to replace it with a cultural set of cooperation can be detrimental to the individual. Thus, one must think in terms of the sociocultural context in which the individual is going to be operating, one must try to develop in him a sense of certain knowledges and skills, and where certain value sets can best be used.[14]

The bilingual-bicultural person participates, though differently, in two cultural systems and two sets of social ways. He is continuously confronted with the tasks of modifying his behavior to accommodate the two different and often clashing value systems in which he participates. Ricardo Sanchez says, "I am Chicano, which is the merging of two different social constructs, languages, psychologies, and processes." [15] In the light of this recognition of the Chicano as a bilingual-bicultural being we strongly suggest a reexamination of social work commitment to the delivery of services to *all* communities.

Alvin L. Schorr states that "Social Work is not social work that loses sight of the client." [16] Consequently, effective services

[13] *Ibid.*

[14] Horacio Ulibarri, "Administration of Bilingual Education," *Put Research into Education Practice.* PREP#6-A HEW Office of Education (mimeographed), p. 4.

[15] Ricardo Sanchez, "Tal Vivo—from GED to Ph.D." (mimeographed), p. 103.

[16] Alvin L. Schorr, "Liberalism and Legitimacy," *Social Work,* XVII, No. 3 (1972), 2.

for Chicanos must be seen in the light of their culture, their language. Most importantly, it must be recognized that dysfunctional social structures have stifled the upward mobility potential of the Chicano. To keep sight of the client it is necessary to respect his human dignity and individual rights.

VALUE BASE OF SOCIAL WORK

Recently there has been much discussion about social work values by social work educators, practitioners, and ethnic minorities. This is a subject which though compelling is very elusive.[17] Often when attempting to talk about "values" social workers quickly shift to a discussion of current challenges, the profession, methodology, technical skills. It is difficult to think of values partly because it is difficult to know what exactly is meant by the term. By their very nature values are asserted, but they resist examination; they are affirmed but rarely tested.[18] Using what may appear to be an oversimplified definition of "value" as "a desired goal, event or situation," [19] we examined social work values along three basic dimensions: [20]

1. Values as preferred conceptions of people
2. Values as preferred outcomes for people
3. Values as preferred instrumentalities for dealing with people.

Social workers share, or ought to share, a common conception of man which orders their responses to people, their regard for people, and their concern for people.[21] Our examination of social work values within these dimensions is made from the Chicano perspective, examining "the proof" of social work values as they are exhibited in behavior. Have social workers "practiced what they preached" as they have provided services to the Mexican-American community?

[17] Robin Huws Jones, "Social Values and Social Work Education," in Katherine A. Kendall, ed., *Social Work Values in an Age of Discontent* (New York: Council on Social Work Education, 1970), p. 37.

[18] *Ibid.*

[19] Willard C. Richan, "A Common Language for Social Work," *Social Work,* XVII, No. 6 (1972), 59.

[20] Charles S. Levy, "The Value Base of Social Work," *Journal of Education for Social Work,* IX (1973), 38.

[21] *Ibid.*

Within the dimension of values as preferred conceptions of man, the primary value that social work students are introduced to is the inherent worth and dignity of man. It is axiomatic, and no one questions its validity. Yet, as we look at social work practice we wonder. What about the indignities which are hurled at the clientele—having to wait interminable hours in the most dreary and squalid surroundings; having children interpret for adults who do not happen to speak English even the most intimate content; having to be scolded as a naughty child upon arriving late at the "Welfare Office" due to futile attempts to find a free baby-sitter or trying to borrow bus fare? The list is actually quite long if we focus on what is done to people in the process of providing services which are so often inadequate and meaningless. Incredibly enough, clients suffer these indignities because their behavior threatens the social worker's "efficiency"; they are not "motivated" or "ready" according to the social worker's conception of readiness, or they question the worker's expertise.

Another cherished value of the social work profession is that of "self-determination." Chicanos, too, believe in the right of self-determination,[22] but in practice how valid is this value when people are offered only limited alternatives, if any; when they can have a choice only when that choice coincides with the social worker's; or when treatment reflects a means of social control?

Thirdly, within this dimension is the recognition of man's capacity for change, both individually and collectively. There seems to be some difficulty in the application of this value. Social workers have accepted the concept of change "wholeheartedly" but in a limited and distorted way. Social workers have interpreted "change" "quite anomalously in a historical and cultural sense" [23] to mean that clients must change, that they must adopt and adjust to existing social institutions. All their efforts

[22] Federico Souflee and Graciela Schmitt, "Educating for Practice with the Chicano Community," Council on Social Work Education Annual Program Meeting, 1973 (mimeographed), p. 4.

[23] Levy, *op. cit.*, p. 39.

seem geared toward this end. Although many practitioners have "expressed revulsion over this notion," [24] it has been inconceivable to many that "change" also implies the modification of society and its institutions as they "prove to be impediments to personal or group growth and satisfaction." This is the real, the underlying purpose of social work.[25]

As for "preferred outcomes for people," what is envisaged, optimally or minimally, for all men and women? To what do social workers regard themselves committed? "Self-realization, self-actualization, the equalization of opportunities for all regardless of cultural or social background are ends which all social workers may be presumed to share." [26] Within the framework of this value, social workers do not always behave predictably either. Concepts like the "undeserving poor," the "immoral mother," the "ungrateful black," and the "lazy Mexican" still creep, if not into actual verbal communication, at least into the decision-making process that determines action choices for clients, social conditions, and institutions.[27] What should be preferred outcomes for people are not always preferred outcomes for *all* people.

Within the third dimension of preferred instrumentalities for dealing with people within practice or in general [28] is the value of "impersonal justice." Social workers are expected to do their best for the client, no matter how they themselves feel, how difficult or unreasonable the client is,[29] or under what auspices the services are provided. This value context is likely to, and often does, conflict with cultural and subcultural premises.[30] It is very difficult, in spite of professional training and the veneer acquired by the "socialization" process in the schools of social work, to relate to people as equals whom one learned to consider as unequals practically through osmosis. The problem in the application of this value often appears as an overcompensating gesture. Social workers relate to all clients as "equals" even when it may be at "the expense of a more practical alternative for the clients themselves, as in the choice between sustaining clients' dependence in order to attain a more practical (that is, factually

[24] *Ibid.*, p. 31. [25] *Ibid.*, p. 39. [26] *Ibid.*, p. 40. [27] *Ibid.*, p. 41.
[28] Jones, *op. cit.*, p. 41. [29] *Ibid.*, p. 39. [30] *Ibid.*, p. 41.

premised) outcome for them, and facilitating clients' independence though it may lead them down the primrose path.[31] "Equal" capacities and "equal" opportunities are not truly equal in our society, for society does not always live up to its own rules.

The value placed on the concept of participatory democracy also seems to be a critical issue in the value base of social work. Whereas some groups in the field consider it "a self-contained objective," others tend to value it as a "basic aspect of liberal democracy." [32] The issue is whether or not the social work profession values participatory democracy "as an inherent right of minority groups even if they chose to engage in it erroneously." [33]

We conclude that services to Chicanos can be relevant and effectively developed within the established value base of social work if social workers acknowledge the role of values in professional practice and minimize the intrusion of their private biases into their professional behavior when these biases contradict social work responsibilities, or the rights of clients.[34] We actually "have no quarrel with the philosophic tenets which supportedly shape social work, nor can we argue against the profession's avowed social purposes." [35]

THE EVOLVING BILINGUAL-BICULTURAL MODEL

As we have worked these past two years at Centro del Barrio, the bilingual-bicultural model has been gradually taking form. It has become obvious that bilingual-bicultural social workers, to be effective in the barrio, have to use a generic or multimethod approach; that is, they must be able to work with individuals and families, with groups, with organizations, and with communities. Being aware of cause and effect and recognizing the effects of institutional racism, they are able to develop skills in working toward the elimination of institutional racism. They have to be flexible and can assume a variety of social work roles with different people or with the same people at different times:

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[31] *Ibid.*   [32] *Ibid.*, p. 42.   [33] *Ibid.*   [34] Levy, *op. cit.*, p. 40.
[35] Souflee and Schmitt, *op. cit.*, p. 4.

as outreach worker, advocate, behavior changer, teacher, and so forth.[36] They recognize the heterogeneity of the Chicano/Mexican-American, as well as that of other minorities and of the dominant group; as well as the nuances, the intracultural variants, and the variations in Chicano barrios. The bilingual-bicultural social workers are sensitive to the fact that people of Mexican-Spanish descent, not only in the barrio, but wherever they find themselves, have not reached a consensus about self-definition and identity nor have they agreed on nomenclature, and that the term "Chicano" is often used interchangeably with the terms "Mexican-American," "Latin-American," "Hispanic," and "Spanish-speaking." Bilingual-bicultural social workers respect these differences. In addition, they know that "Chicanismo may be the movement or the force that will bring many people together, regardless of what they choose to call themselves, in their effort to combat institutional racism and oppression." [37] Bilingual-bicultural social workers need a tremendous amount of self-awareness, and using this self-understanding they develop a service delivery style within this model that is compatible with their experiences, their interests, and their personality. They are able to identify where in the continuum of services the Chicanos need, they can make the most significant contribution, since no one can be *all* things to *all* people. It may be in the form of help directed at the "victims" or at prevention through institutional change. They know, however, how they can be responsive to Chicano needs regardless of setting; and having a sound grounding in generic social work, they use their skills in a variety of roles within the setting and influence institutional change from within if it is indicated.[38]

As the model evolves we are trying to identify, both from our own experiences and from those of Chicanos involved in other projects (linkages have been facilitated through membership in the National Chicano Projects Council, Inc.) what knowledge

[36] Guadalupe Gibson, "Field Experience at El Centro del Barrio: Differential Objectives for Undergraduate and Graduate Studies," in *From Social Work Practice to Social Work Teaching: New Faculty Papers* (Atlanta, Ga.: Southern Regional Education Board, 1972), p. 57.

[37] *Ibid.*, p. 58.   [38] *Ibid.*, p. 59.

skills, and attitudes are essential for bilingual-bicultural social work practice.

Knowledge. In addition to knowledge of the basic concepts of working with people and the traditional methods in social work practice, the bilingual-bicultural social work practitioner needs to develop other areas of expertise. Within the sequences now taught in the schools of social work, as has been mentioned, adequate Chicano content has not been included generally, so that students interested in developing bilingual-bicultural skills have to do so on their own initiative and/or in the field. The federally funded teaching-learning centers facilitate this. Ordinarily, students are placed in traditional agencies which either have no Chicano staff, or if they do have Chicano staff, their practice reflects traditional methodology.

Among these additional skills which the bilingual-bicultural social workers need is the ability to be discriminating in terms of the methodology used. Whereas some methodologies are compatible and in harmony with the Chicano life style and their relationships with the greater society, other methods which are ethnocentric and oppressive and exert social control are not only obstructive but may even be destructive and disorganizing. The medical model, an adjustment-adaptation method, for instance, which focuses on personal pathology, relying on long-term contact and the ability of the client to articulate, has no place in practice in the barrio. Time-limited problem-solving approaches, directed at the here-and-now reality situation of the client, can be most effective. In order to select which methods are appropriate under what circumstances, it is necessary that the social worker thoroughly understand "the historical background, the cultural derivative, and the value system" [39] of the people he is trying to serve. He has to have deep commitment himself, he needs to be *concientizado*.[40]

A basic understanding of the psychology of the Chicano family is essential. *El sentido de las etapas del desarroyo* ("the

[39] Juan Ramos, "Foreword," in Margaret M. Mangold, ed., *La Causa Chicana* (New York: Family Services Association of America, 1972), p. xi.

[40] This term was originated by Tomas Atencio, Academia de la Nueva Raza, Dixon, N. Mex.

meaning of the developmental stages") is different from that of the Anglo family. There are, of course, many similarities, but certainly the differences need to be understood. The most glaring difference in our youth-oriented society, for instance, relates to old age. There is a special niche for the elderly within the Chicano family. Even when he is physically separated from his family, the psychological presence of the elderly parent is recognized and accepted. Reaching old age is seen as an accomplishment that needs to be honored and respected.

The psychological or emotional relationship between husband and wife which has been stereotyped as the *macho* husband with the submissive, almost idiotic wife needs to be recognized for what it really is, a stereotype. The tender affection and protectiveness of the husband, not in a domineering relationship, but in a sheltering one, and the supportive, encouraging, admiring, if you will, relationship of the wife toward the husband need to be recognized.

The coping, "survival" ways of these families whose members try to protect each other in a hostile and potentially destructive environment need to be understood; for parents try to teach their children not only how to deal with life but actually how to defend against it. It is essential to understand the common mistrust of the Anglos and of the Anglo establishment, not as paranoia, but as something learned from experience, *porque se han quemado* ("because they have been burned"). It is necessary to know that the schizoid manner of relating to society displayed by many Chicanos reflects more than likely the shifting style of life described above, in a bilingual-bicultural milieu with its different and often conflicting value systems. The strengths, *el abrigo de la familia* ("the nurturing aspects of the Chicano family"), need to be identified and used if we really intend to help individuals and families toward self-actualization. We need to recognize, as Ricardo Sanchez says, that their social poverty comes from being different, not from lack of familial love.[41]

Another highly important consideration which requires a dif-

[41] Sanchez, *op. cit.*, p. 88.

ferent level of understanding is the concept of self-identity. Many human beings experience identity problems and some may have to go through an identity crisis. However, the significance of identity presents additional problems for the Mexican-American, especially for the adolescent who struggles to find out *quien soy?* ("Who am I?") both in English and Spanish, feeling the rejection of, and the discrimination against, his people. Does he join them or does he abandon them? Does he stay within the protective environment of the barrio or does he venture out and risk being psychologically wounded if not annihilated? His problems, though in many ways like those of other human beings, and very similar to those of other minorities, in some respects are different. It is the difference that we need to understand.

There is a broad body of knowledge that the bilingual-bicultural practitioners have to acquire within the area of social welfare policy and services. It is necessary to know not only the historical perpectives and their meaning to the Mexican-American community, but also the current status of social welfare policies and the potentially deleterious effects on the Mexican-American people of some of these policies. They have to learn the many strategies necessary if one is to enter the political arena and exert political clout in the interest of Chicanos. Knowledge of the technocratic society in which we live is essential for practice in the barrio.

Even in the area of research, and we do need sensitive Chicano researchers to counteract the inadequate, simplistic, and stereotyping research that has been done in the barrio, it is necessary to know the differences between Chicanos and others, the uniqueness of the group, the meaning of life to them.

In the field we need to provide for the potential bilingual-bicultural social worker experiences that will allow him to transfer the social work knowledge, including the special knowledge about Chicanos, into practice, to integrate it, and to test out for himself *lo que le ayuda a la familia y a la comunidad Chicana* ("what helps the Chicano family and community"), what are the effective modes of intervention. The field also needs to

provide models for the nascent bilingual-bicultural social work practitioner.

The would-be bilingual-bicultural social worker needs to evaluate critically and to give close scrutiny to the values and principles of the social work profession. Scrutiny of the principles of autonomy and self-determination, for instance, reveals the multiplicity of meaning in these two terms. As Atencio says,

The principle of individuality has rarely been examined critically. It is usually defined as a value that protects the worth, respect, and dignity of the individual person. If this definition is valid, the importance of the term is unquestionably accepted. With its concomitant de-emphasis of the importance of the group and community, however, does it not create certain unfortunate results? Could the helpless, oppressed, dependent client or patient not find therapeutic company with his peers in his problem-solving rather than in front of the social worker's desk or on a couch? [42]

To use the bilingual-bicultural delivery model, a social worker needs to acquire "a body of knowledge meaningful to La Raza," [43] including knowledge of, and proficiency in, Spanish and the barrio language. He needs to know that the barrio is a social institution which has developed out of the needs of the people within it. He has to recognize the heterogeneity of the people of the barrio whose philosophy of accommodation to the greater society may be very different from his own. He has to know the family life style of Chicanos, recognizing and appreciating its strengths and its values to the people. He has to know what the meaning of culture is as a source of self-identity and as a unifying factor for the people of the barrio, particularly the language. He has to acquire intensive and extensive knowledge of the Chicano culture as well as the Anglo, with its white-Protestant ethnic, for only if he knows both cultures intimately can he be truly successful in working with Chicanos. Herein lies his worth.

Skills. The bilingual-bicultural social worker needs, in addition to all the social work skills, specific skills for working in the

[42] Atencio, *op. cit.*, p. 99.   [43] *Ibid.*, p. 104.

barrio. Communication skills, of course, are essential, but those necessary for practice with Chicanos go beyond the ability to speak Spanish. Knowledge of the unique barrio language is essential. The ability to ask comfortably what a Chicano means when the worker does not understand instead of attempting to guess, and the ability to give and to receive accurate information are necessary. Interviewing skills need to be refined in working with Mexican-Americans. The interviewer needs skills in practicing the social amenities necessary for engaging the client. Skill is needed in the use of a variety of techniques, including home visiting and outreach. A skilled bilingual-bicultural practitioner is eclectic and flexible and can assume a variety of roles. He has to know how and to want to "manipulate" the system in the interest of his clients, how to advocate, mediate, and negotiate. He has to be a true change agent, fully committed to the elimination of racism. He needs communication or interviewing skills in these areas as much, if not more so, than in working with his clients. He has to have the ability to establish a relationship with most people, Chicanos, Anglos, and blacks.

Attitudes. We consider attitudes, the right attitudes, to be even more important than knowledge and skills in working with bilingual-bicultural peoples. The kind of knowledge one seeks and acquires and the kind of skills one develops usually reflect the attitudes one has. An attitude of self-acceptance, particularly for Chicano social workers, is extremely important. His self-acceptance needs to be transmitted to his clients. He has to develop a *nivel de concientizacion* ("level of consciousness") that will insure his awareness of, and sensitivity to, the strengths, the dilemmas, and the problems of the Chicano community. He has to have, to feel, *carnalismo* ("brotherhood"). He has to have an attitude of optimism and a belief that he can bring about change. He can accept and respect those Chicanos who have a different value orientation from his own. He has to remain sensitive and alert to injustices, hurts, and threats to the welfare of people in general and of Chicanos specifically. He has to have real conviction that people, particularly Chicanos, can be in trouble through no personal inadequacy but through imposition

of societies' rules and practices; and that for Chicanos, being in trouble often reflects that they are the victims of institutional and/or personal racism. He must have an attitude of *carnalismo* and a cultural bias in the interest of Chicanos. Instead of being so objective that he appears cold, distant, and unresponsive, he needs to have "controlled subjectivity" so that he is "feeling," and very aware of his feelings, which he uses in response to Chicano needs.

IMPLICATIONS FOR PRACTICE AND EDUCATION

If the social work profession accepts the concept of, and the need for, the bilingual-bicultural social service delivery model, what are the implications? It means that agencies serving the Mexican-American community will have to recruit bilingual-bicultural social workers and provide an *ambiente* ("atmosphere" or "environment") conducive to the practice of such a model. Agencies will need to provide in-service training for those workers who wish to acquire the knowledge base and skills necessary for this kind of practice, and at least some exposure to the value system and culture of the Chicanos for the entire staff. It is necessary that agencies recognize through monetary reward those workers who have or gain such knowledge, skills, and attitudes. They need to work with civil service agencies that give such recognition, and to relate to schools that make clear the preparation they expect such personnel to acquire through continuing education and degree programs.

On the other hand, agencies need to be aware that some will resist using the bilingual-bicultural approach. Some may resist using any modified approach in working with Mexican-American people, and "protect" these clients from such workers.

Acceptance of the need for a bilingual-bicultural model means that the schools have to recruit Chicano students and faculty aggressively to modify the curricula, and to provide the necessary training. Schools also need to provide leadership to agencies and communities which do not recognize the necessity for such a model, particularly in communities with a heavy concentration of Chicanos. To be certain that this happens, schools of social

work need to ensure community input, both through the inclusion of barrio professors on their faculties [44] and through committees and/or advisory groups composed of barrio residents as well as Chicano practitioners. This is an essential component of social work education for practice in the barrio.

We recognize that the Chicano manpower needs are far from being fully met and that it will be considerable time before there are enough Chicano practitioners and educators to go around. Being Chicano or being bilingual-bicultural is not the total answer in terms of the manpower needs for the Chicano community. In addition to the knowledge and skills which these factors provide, "right attitudes" are a *sine qua non* in delivering effective service. We are convinced from our experience in El Centro del Barrio that non-Chicanos can develop these attitudes along with the knowledge and skill of bilingualism-biculturalism. Such workers, of whatever ethnic identification, may be able to provide a more significant service to Chicanos than a Chicano who lacks self-acceptance and has poor attitudes. Knowledge, technical skills, and being Chicano do not guarantee the kind of sensitivity required. The attitudes and values of the person who is the social worker, be he brown, black, or white, really determine effectiveness in practice in the barrio.

We are aware that there is a great deal of controversy among social work educators and practitioners, both Chicano and non-Chicano, as to whether or not there is need for such a model, and if it can be conceptualized. Jerome Cohen, who among others has been urging the need for innovation and experimentation, recommends finding measures that may be effective "even if they are not yet based upon solid evidence.[45] We assumed that our work at El Centro would help us find that evidence for, and validation of, the bilingual-bicultural model. We started on the following assumptions:

[44] A barrio professor is a nondegreed person who has worked in the barrio and has demonstrated commitment to it. See Ernesto Gomez, "The Barrio Professor: an Emerging Concept in Social Work Education," in *Chicano Faculty Development Program* (New York: Council on Social Work Education, 1972).

[45] Jerome Cohen, "Social Work and the Culture of Poverty," *Social Work*, IX, No. 1 (1964), 11.

1. There are gaps in social work knowledge as it relates to the needs of the Mexican-American community.

2. Knowledge about Chicanos, their culture, their community, and "their dilemmas related to social class and social status as well as other minority group characteristics such as targets of prejudice and segregation," [46] and the type of services they need can be identified empirically.

3. This knowledge will assist us to conceptualize the model.

4. The model can be developed within the context of the social work profession through an expansion of social work values and purpose and the incorporation of Chicano values, preservation of the culture, participatory democracy, and new sense of social justice.

5. The model can be conceptually sound, and sufficiently flexible "to accommodate infinite variation among Chicano individuals and Chicano groups" [47] and to allow for transferability to various minority groups as well as "across disciplinary paradigms because social work is practical in secondary settings." [48]

As we ventured into the development of the program at Centro del Barrio, we recognized three major responsibilities in their order of priority:

1. To provide a viable, barrio-based field practicum for the students that would prepare them as adequately as possible for practice in the barrio

2. To provide services in the barrio that are relevant and sensitive to, and compatible with, the needs of the community without exploiting or using them

3. To develop research that would help us to: (*a*) evaluate our training methodology; (*b*) identify research needs in the community; and (*c*) build the knowledge base we need.

Our efforts were geared at an integration of the three components of education, research, and service to help us move toward developing a theoretical base for our model. Our avenue was the pragmatic, impressionistic, and commonsense way of ac-

[46] Deluvina Hernandez. "Conceptualizing a Chicano Advocacy Model in Social Work Education Practice: Synthesis of Strategic Chicano Indicators and Major Chicano Interests" (1972; mimeographed), p. 2.

[47] *Ibid.*, p. 28.   [48] *Ibid.*, p. 1.

quiring knowledge (most of social work knowledge has been achieved in a manner other than scientific) but with the ultimate goal of subjecting it to the scientific test.

We initiated our program by using an outreach approach and used our own previous experiences in developing the program. The students in 1972 and 1973 have examined the social work theories as to their effectiveness with barrio people. Together we looked at the modifications necessary to make the old approaches relevant to Chicanos. Through some brief research [49] done in the summer of 1972 we were able to look closer at course outlines, at Chicano concepts as identified through the available Chicano literature, and to interview Chicano practitioners, degreed and nondegreed, to learn what approaches they had found helpful in working with Chicanos and where they had learned such approaches. We are compiling information through case records and term papers prepared by our students. As we accumulate these data we take them back to the community through the barrio professor, the advisory board, and some of our clients for validation. Gradually, we are increasing our fund of knowledge, which we intend to validate finally through well-defined research. We are using the style recommended by Hearn [50] which starts by identifying the problem or the gap in knowledge; identifying the knowledge empirically; applying the knowledge through the conceptualization of a model; testing the model empirically; making modifications in the model if indicated; and evaluating the model through scientific research, leading then to the formulation of theory.

In a term paper for the social work practice course one of our students says:

The nature of social work education has always been oriented toward the white, middle-class, Anglo-Saxon population. This orientation is not surprising since all the casework theorists have been Anglos. The emerging social worker is truly justified in questioning the rele-

[49] NIMH allowed us to use the unspent monies in the grant to initiate the research during the summer of 1972.

[50] Gordon Hearn, *Theory Building in Social Work* (Toronto: University of Toronto Press, 1958).

vancy of the basic casework approaches as they are applied to minorities. . . .

[He concludes,] not only do we have the right to examine critically the effectiveness of existing casework theories but also the responsibility of *formulating and implementing new* social work theories that are truly germane to the Chicano culture.[51]

We hope that through Centro del Barrio we can respond to the challenge continuously presented to us by the students, by the non-Chicano faculty, and, most importantly, by the people in the barrio.

[51] Erasmo Cano, "A Comparative Analysis of the Psychosocial Approach and the Problem Solving Model and Their Relevance in the Barrio," p. 1, 9.

Strategies of School Desegregation in Two Northern Suburbs

H. FREDERICK BROWN

Concern about desegregation has traditionally been focused on sectionalism. Originally, segregation was seen primarily as a problem of the Deep South. As minorities have moved to large urban areas in the North, segregation has been seen as a problem of the central city. Suburbanites felt that they would not be confronted with the responsibility for resolving the inequities created by racial segregation.

A study was made of two upper-middle-class suburbs—Park Forest and South Holland, Illinois, communities in proximity to each other—twenty-five miles south of Chicago. These communities, one by federal court order and one by the building of a new private low-income housing development (FHA 235), were confronted with the problem of desegregation of their elementary schools. Although similar in median income, occupational status of residents, and community reputation, these communities responded quite differently to the challenge.

South Holland responded in rancorous conflict from which the community has yet to recover. The other community, Park Forest, has successfully integrated its schools without the conflict which overwhelmed South Holland schools. The aim of the study was to identify the various elements and influences in each community in order to understand the different responses to desegregation.

The examination of the Park Forest experience was facilitated by the author's participation in the evaluation of the school dis-

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trict's federally funded Title IV Project (granted to assist in desegregation of schools, 1971–72). South Holland's desegregation court order was issued in 1968 and implemented in 1969–70. Essentially, the comparative study attempted to identify significant similarities and differences, isolate critical variables, and suggest a workable model for school desegregation in suburban communities in Northern urban areas.

STRATEGY CHOICES IN DESEGREGATION

Acceptance of legal sanction for desegregation by school boards is the overriding issue for communities to resolve: What shall be their stance regarding the constitutional mandate of equal protection provisions of the 14th Amendment, as the Supreme Court has applied that amendment to existence of segregated schools? The various participants in the decision-making process, whether it be the superintendent of schools, school board, professional staff, or the voters, tend to assume a position ranging from denial of responsibility to creative educational leadership in making desegregation a positive contribution to the better education of all children.

Role of school boards. The response of a given community is usually identified in the official actions of the school board. School board action (or inaction) on the basic issue of legal responsibility to assure desegregated schools is the critical variable. Gordon Foster, from studies of over half of the large school districts with significant black population in the North and South, observes: "School boards have been harassed and pressured by a determined and occasionally violent citizenry. . . . Nonetheless, the results have been reasonably encouraging." [1]

Persons intimate with local school boards often argue that the superintendent of schools tends to be the prevailing influence on board decisions. Again, according to Foster, "School administrators, with a few notable exceptions, have been . . . reluctant to accept the changes and remained neutral at best." [2]

[1] Gordon Foster, "Desegregation of Urban Schools," *Harvard Educational Review*, XLIII, No. 1 (1973), 14.
[2] *Ibid.*

The experience in South Holland and Park Forest tends to support his comment. In South Holland, the superintendent was fired in response to his proposing desegregation plans to the school board. The Park Forest superintendent took no public position; in fact, he sent subordinates to represent the administration at a series of school board hearings in local schools on desegregation plans. Robert Crain, remarking on similar behavior of superintendents, suggests that "superintendents feel insecure in their positions and react accordingly." [3]

Traditional decision-making processes used by school boards are less than effective in dealing with desegregation. "Although there are risks involved, school boards that must deal with school desegregation should do so in a forthright manner which is not traditional." [4] Vacillation, indecision, and questioning the legal basis for desegregation result in the decline of their boards' authority and provide a rallying point for community opposition to desegregation. Crain and Foster both note that school boards can apparently obtain community support for either position they take, and community resistance is relatively brief in duration, given affirmative action by the school board.

Park Forest and South Holland are graphic examples of this phenomenon. The school board in South Holland took a public position in regard to desegregation by the firing of its superintendent and, eventually, in the prolonged legal battle to oppose the federal court order to desegregate. These actions kept alive organized opposition to desegregation, thus encouraging one incident in which a group of white parents attempted to bulldoze a school building from its foundations in what was primarily a black residential area.

In contrast, the Park Forest school board fully accepted the constitutional necessity of equal educational opportunity for all children. It made a voluntary decision to desegregate the schools and reconfirmed that decision on four occasions in the ensuing

[3] Robert L. Crain, *The Politics of School Desegregation* (Chicago: Aldine Publishing Co., 1968), p. 118.

[4] Edna Bonacich and Robert F. Goodman, *Deadlock in School Desegregation* (New York: Praeger Publishers, 1972), p. 85.

year in which definitive planning for school desegregation involved all elements of the community. Concern about desegregation did arise in Park Forest; two candidates elected during the year to fill vacancies on a seven-member school board took an antibusing position. Over five hundred attended the school board meeting at which a vote was taken on the three desegregation plans submitted by the Citizens Advisory Committee. Few people attended the school board meeting in Park Forest after school assignment cards were sent out, prior to opening the schools on a desegregated basis. Incidentally, most of the parents were concerned because their children had *not* been included among those being bused to school. The school district had established a policy that if a child lived within three quarters of a mile of his assigned school, he would walk. These parents felt that they lived more than three quarters of a mile from the school and that taking a bus ride to school was safer than walking. Nationally, 40 percent of all school children ride buses. Only 3 percent of these are transported to achieve racial integration; actually, many more children are bused to maintain racial segregation in this country, especially in the North.

Some studies have suggested that appointed (in contrast to elected) school boards tend to provide the kinds of assertive leadership required to carry out desegregation effectively. Both of these school districts had elected school boards, which is the predominant pattern in Illinois and across the country. Therefore, the problem seems to rest with the nominating and electoral process of selecting school board members, namely, getting the so-called "right kind" of people on the boards, whether moving to appointed boards or improving the quality of elected ones. Advocating this solution tends to be both simplistic, unpredictable, and certainly insufficient to meet the requirement of desegregation with "deliberate speed." [5] Closer examination of Park Forest and South Holland suggests that other factors also have critical influence on preventing the deadlocks on school desegregation.

[5] *Brown* v. *Board of Education*, U.S. Supreme Court Decision, 1954.

Incorporation in general reform of public schools. Another critical variable in choice of strategy for school desegregation is the extent to which the issue is isolated from the need for comprehensive reform of our public schools. White parents without positive experiences with minorities understandably are uncertain about changes in the educational program for their children if the benefits are seen only as improving the education of minority children. Educational developments in recent years, including individualization of instruction, team teaching, multicultural curricula, and open-space classrooms, have many potential advantages for all children. Many school districts are considering or beginning to implement these educational innovations which will have significant impact on the future education of our children. Part of the pressure for these changes has come from majority parents.

Possibly one of the clearest distinctions between Park Forest and South Holland was the inclusion or lack of inclusion of curriculum reform in consideration of school desegregation. In South Holland, with the basic resentment of the court-ordered desegregation, it was perceived as an albatross, an unfair intrusion of federal courts in the operation of local schools. It is interesting to note that significant curriculum reforms have been carried out in South Holland since desegregation, but these have not engendered the support of the white majority, as evidenced by a white pupil enrollment drop of 1,200 and the defeat at the polls of all school tax referenda. South Hollanders blame desegregation for the lack of voter support of public education.

In contrast, Park Forest linked desegregation with grade reorganization of all schools, which involved the development of primary, intermediate, and junior high schools with concentration of appropriate supportive services. The plea following implementation of desegregation was, "Let's work to make grade reorganization succeed." The public response to this strategy can be seen in the results of the first school board election since desegregation: candidates supporting grade reorganization were elected by a two-to-one margin. Therefore, given the structure of local political control of schools, integration has to be incorpo-

rated into larger educational reforms that are particularly seen as benefiting white children.

Involvement of the community. Bonacich and Goodman have made a good case for school districts having to adopt quite different styles of operation as they relate to decision-making. Traditionally, suburban communities have been homogeneous in composition and more or less unified in goals. "Board members are typically community members who . . . reflect community consensus. . . . [However] desegregation presents school boards with a qualitatively different problem . . . [which] inevitably produced real and internal divisions in the community." [6]

The level of rancorous conflict that prevails is a critical dimension. Increased animosity generates and confirms fears of the white majority. Some investigators recommend preemptive action (vote and quickly implement desegregation) by school boards to prevent polarization of the community.[7] There is evidence in Park Forest and South Holland that preemptive action may not work.

In South Holland, the school board's initial vote (four to three) on the superintendent's alternative plans for desegregation was in favor of implementing one of his recommendations. The community's response was to petition for a recall election, resulting in the four affirmative voting members being removed from office. In contrast, Park Forest took an affirmative position to desegregate and then enlisted wide community participation in planning "how to desegregate," including numerous public hearings, a citizens advisory committee, and a planned communications program. The South Holland school board, concentrating its attention on fighting the court case, took no steps to involve the community. The community was left to organize itself, which it proceeded to do—into two opposing camps with limited informed leadership. Although there are risks involved by bringing in the community in the manner demonstrated by Park Forest, the risks of not involving the community are

[6] Bonacich and Goodman, *op. cit.*, pp. 81–82.
[7] Robert Stout and Gordon Sroufe, "Politics with Power: Dilemma of the Local School System," *Phi Delta Kappan,* XLIX (1968), 342–45.

greater. The Park Forest experience demonstrated that overt outside organized opposition to the district's plan to desegregate can be avoided by including the individuals who openly oppose desegregation in the planning and implementation.

Involvement of professional teaching staff. Very little attention has been given in studies of desegregation to the role that teachers and teacher organizations play in the success or failure of desegregation. Possibly the assumption is that the school administrators speak for the professionals. Casual observation of most school districts tends to suggest that teachers are seldom heard except as they become objects of in-service training programs aimed at preparing them to deal with the minority children coming into the classroom. Most of the federal assistance guidelines for desegregation place almost exclusive emphasis on in-service training.

There was very little evidence of participation of South Holland teachers in the planning and/or implementation of desegregation. One phenomenon was that South Holland schools had, for the most part, temporarily certified teachers prior to desegregation. At present, all South Holland teachers have permanent certificates, which suggests an upgrading of professional teaching staff, including recruitment of teachers with acceptable credentials.

Park Forest provided innovative approaches to in-service training of teachers, including workshops, institutes, and program-planning task forces. Possibly the most impact was made by placing interracial teacher resource teams in each school to assist teachers and administration in planning for desegregation. Many of the contacts of these teams were informal, such as visiting with teachers during their free periods. Teachers were able to share what their children were saying, share their own reactions to various events in the community related to desegregation planning. This communication process is credited as the major influence which led to the teachers voting 95 percent in favor of grade reorganization as the preferable plan for desegregation. Incidentally, grade reorganization resulted in all but one teacher being assigned to a new principal or a different build-

ing. The plan provided busing of 65 percent of black children and 40 percent of white children. Other plans had required 80 percent of blacks and 20 percent of whites being transported.

PRESENT STATUS OF DESEGREGATION

South Holland. South Holland is now in its fourth year of desegregated schools. Enrollment of white students has continued to drop, creating serious financial problems. One school building has been abandoned. School tax referenda continue to fail, and the district is now using tax anticipation warrants on 1975 taxes to run its schools.

In spite of these deficits, the school administration and teachers have made significant progress in upgrading the entire curriculum, employing some of the latest innovations in education. Preliminary findings on standard achievement tests suggest that there has been improvement with both white and black children. South Holland achieved these results in spite of limited federal assistance. Apparently, the consistent rejection of tax referenda made federal officials apprehensive of the use of federal funds in place of local tax support. Federal policy on aid to education has insisted that federal funds be supplementary to local support.

South Holland decries its loss of autonomy to court supervision of any decision that may relate to desegregation. The superintendent feels that it is unjust for a federal court to order desegregation and for the U.S. Department of Health, Education, and Welfare (HEW) to refuse financial support to carry it out. South Holland schools are attempting to survive without the traditional sanction from their own community. Time seems to be running out as to how much longer the district can survive.

Park Forest. Park Forest is now completing its first year of grade reorganization. Initially, the school board voted to adopt a voluntary magnet school plan, but insufficient volunteers stepped forward to make it work. Mandatory grade reorganization, which was strongly favored by teachers and administration, had been selected as the back-up plan. (The Park Forest superintendent did make a public statement indicating that he felt no

voluntary plan would work and he favored mandatory reorgani-
zation.) The opening week of school had predictable problems
with bus routes and the scheduling of lunch periods, changing
the previous practice of children going home for lunch. The
grade reorganization structure is now operating with rough
edges to be ironed out. New Groups to facilitate parent partici-
pation are being developed since the children in one family may
attend two or more schools because they are in different grades.
The traditional PTA format of the former neighborhood
schools was not workable under grade reorganization.

The most heartening event was the impressive school board
election victory of the proponents of desegregation. The candi-
date who had chaired the Citizens Advisory Committee the pre-
vious year led the ticket.

Careful follow-up evaluation measures are being taken of the
Park Forest experience, including the monitoring of children's
academic progress and community attitudes. The district has
been aggressive in its efforts to continue supportive services
through Title IV and Title VII federal funding.

FUTURE DIRECTION OF DESEGREGATION EFFORTS

Gradually, the decisions concerning whether schools will have to
desegregate are being made by agencies external to the commu-
nity. Several state departments of education have undertaken ag-
gressive campaigns to desegregate schools. Federal courts are in-
sisting that the U.S. Department of Health, Education, and
Welfare under Title VII of the Civil Rights Act proceed with
desegregation compliance programs. Courts continue to respond
to civil rights suits and order desegregation. With external
forces at work, desegregation, in spite of public clamor about
busing, is expected to accelerate in the North and West. Not
broadly known is the fact that the South has made substantial
progress to the point that 65 percent of the schools are no longer
segregated, and apparently it is making the most rapid change of
any section in the country.[8]

The trend of federal court decisions on school desegregation is

[8] Foster, *op. cit.*, p. 13.

to declare null and void the arguments that *de facto* segregation of schools is outside the requirement of the Fourteenth Amendment. This argument is at the heart of the Detroit case now being argued before the U.S. Supreme Court. An additional dimension to this decision and others is that they propose metropolitan desegregation plans. In the Detroit case, 250 school districts were found in violation. This trend will further increase the incidence of external agencies ordering desegregation. The communities of Park Forest and South Holland provide clear evidence that outside intervention is not a panacea and can well become seriously disruptive to education of all children in a community. Engineering community consent remains the critical ingredient of whether the intervention comes from inside or outside the community.

GUIDELINES FOR ENGINEERING COMMUNITY CONSENT

1. First, communities must put to rest the *caveat* that *de facto* segregation is not the responsibility of schools. The law and court rulings are expected to clarify this further. School boards must shoulder this responsibility and prepare to acknowledge the inevitable conflict that will emerge and manage this conflict by taking a forthright position on desegregation without taking preemptive action in its implementation; and providing opportunity for all elements of the community to participate and become informed in the process of planning for desegregation.

2. Avoid the isolation of the desegregation issue from the over-all need for educational reforms which can be expected to benefit all children, thereby turning "the challenge of desegregation into a positive force." [9]

3. Look to, and expect leadership from, the professional teachers and their organizations to provide the professional commitment to quality education for all children.

4. Agencies (federal or state) assigned responsibility for monitoring desegregation should develop consistent procedures whereby local districts will have a definitive role in the enforcement procedures. The once disruptive field of labor-manage-

[9] *Ibid.*, p. 14.

ment relations has matured through the establishment of legislated procedures covering negotiations, mediation, and arbitration of disputes. Exploration by enforcement agencies of similar procedures is needed for management of conflict in school desegregation.

Certainly in dealing in the volatile arena of school desegregation, there are no panaceas. However, the research in school desegregation is increasingly developing consistent findings that promise that progress toward all Americans living together in peace is attainable, if these findings are appropriately applied.

New Family Forms

CATHERINE S. CHILMAN

THE EMERGENCE OF NEW FAMILY FORMS during the 1960s was one manifestation of the vast social upheavals that shook that decade. These forms include: communes, group marriages, groups of marrieds, one-parent families (by choice), same-sex "marriages," and "swinging-sex" couples.

Along with these developments came the claim that neither marriage nor the family had a future. Those who are professionally dedicated to family well-being may have been especially shaken by the pronouncements that the family is "irrelevant" to today's conditions; that world-wide developments call for a total break with the past; that the family prevents needed changes, breeds warped personalities, stultifies minds, and shackles values. And those who attempt to preserve and strengthen the family are seen by these critics as weak-minded dodoes at best or reactionary servants of the power elite at worst.

At the other extreme, more conventional people see critical attacks on marriage and the family as threatening the very foundations of society. In their view, the family is *the* basic social unit, and dissolution of the traditional family causes dissolution of the rest of society. They tend to see experimentation as a symptom of moral decay and self-indulgent sexual promiscuity that will bring about a crisis in fundamental moral values.

Both groups err when they assume that either social reform or social conservation rests with the family. Actually, how families are formed, their stability, the behavior of their members, their values, the development of children, depend much more on the larger society than on the family. For, as society and its eco-

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nomic, political, and social systems have become more powerful and complex, the family as a system has become increasingly weak. In terms of its transactions with the larger world, it is much more acted upon than acting.[1]

Family forms and behavior have always been shaped by the physical and social environment,[2] but in simpler times, family structures and behavior probably had a sharper impact on society. Thus, to strengthen and preserve the family, attention must primarily be given to modifying social, economic, and political systems to promote the strengths of families. We must mitigate such fracturing forces as racism, poverty, unemployment, inflation, housing shortages, decaying cities, corruption, and a federal government that is attempting to set back the social clock by 100 years or more. This catalogue of woes is a familiar one. Perhaps the wonder is that today's families, especially poor and minority families, get along as well as they do.

The underlying forces that are pushing some families into new forms and behaviors, are: industrialization blown up into supertechnology; urbanization; population explosions; the danger of a nuclear holocaust or destruction through pollution; and virtually instantaneous world-wide communication.

These developments have brought boons as well as perils. Among other things there is a vast upheaval in power distributions. On the one hand are major conglomerates of business, industrial, military, and federal power. On the other hand is a national and world-wide thrust for power on the part of the "third world," poor people and minority groups (including women, children, and youth). These basic power shifts, or attempted

[1] Clark Vincent, "Familia Spongia: the Adaptive Function," in Joann S. Delora and Jack R. Delora, eds., *Intimate Life Styles* (Pacific Palisades, Calif.: Goodyear Publishing Co., 1972), pp. 52–63.

[2] William J. Goode, ed., *The Contemporary American Family* (Chicago: Quadrangle Books, 1971); Claude Levi-Strauss, "The Family," in Arlene S. Skolnick and Jerome H. Skolnick, eds., *Family in Transition* (Boston: Little, Brown and Co., 1971), pp. 50–71; Robert J. Lifton, "Psychological Man in Revolution," National Institute of Mental Health, in *Social Change and Human Behavior* (Washington, D.C.: U.S. Government Printing Office, 1972), pp. 69–90; 99–101; Alan Lomax, "The Evolution of Culture and Expressive Style: a Comparative Approach to Social Change," *ibid.*; pp. 41–68.

power shifts, relate to many factors, including a change in the base of economic resources from landholding to technical competence of people who can produce and operate machines. And this often includes women, minority groups, and young people, many of whom can now win enhanced freedom and power by what they can learn and do; not by winning the favor of those who won land and its resources.

Power struggles. One of the revolutions going on within families is a battle for power, a reflection of power realignments throughout society.[3] The women's liberation movement, the "youth revolution," the quest for new family forms—all might be viewed as a search for greater equalization of power.

This upheaval is also related to the widespread "crisis in authority" that is characterized by a questioning of all assumptions, traditions, and values held by our society. These challenges are painful, especially to those who have held power and authority in the past and are trying to maintain their status.

Rising relationship aspirations. These challenges have their beneficial features, too. They are related to the so-called "revolution of rising expectations." These expectations have social and psychological aspects as well as political and economic. They are often expressed as a search for freedom, individuality, personal honesty, self-actualization, and significance in work, play, and home. Thus, more people are asking more of human relations in general, and of the family in particular.[4] This is an age of exploration and expansion. We have pushed the outer limits of physical space and depths about as far (perhaps) as we can go; we have pushed for pervasive changes in our social, economic, and political systems and have been brutally frustrated; now there is a special push for exploration and expansion of our private lives.

These changes, challenges, and expectations have affected *all*

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[3] John Scanzioni, *Sexual Bargaining: Power Politics in the American Marriage* (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1972).
[4] David Olson, "Marriage of the Future—Revolutionary or Evolutionary Change," *Family Life Coordinator,* XXIV (1972), 383–94.

social institutions; not just the family. The same general phe-
nomena are found in education, human services systems, the
church, business and industry, and government.

At present, the members of the counterculture are apparently
being countered into impotence. Along with the general swing
to conservativism, experimental family forms, especially com-
munes, may be on the wane.[5] The youth revolution seems to
have dissipated to a large extent; we hear much less about black
power; and the equal rights amendment, at the time of writing,
seems to be in real trouble. In general, the bold push of the
1960s for a brave new world seems to have found its nemesis in
the 1970s. We are now told it was all a mistake of overheated ro-
mantic idealism, an illness from which the nation must recover.
But I submit that society is really sick when we put aside dreams
of equal opportunity and social justice as romantic nonsense.
And we are in trouble when we cease looking for new ways to
shape family behaviors and environments that are more adaptive
to the profound changes that have shaken our society.

DEEP FAMILY ROOTS AND RESISTANCE TO CHANGE

In the long run, changed life conditions call for more social flexi-
bility and readiness for progressive experimentation. It may be
especially difficult to take a flexible, experimental view of the
family because for nearly everyone, family roots are the deepest
and the most sensitive of all. We virtually *have* to believe in the
validity and importance of our own family experiences; other-
wise, we begin to doubt the validity and importance of the
deeply significant aspects of our lives.

And the older we are, the deeper our commitment to the fam-
ily. Most people in the middle or later years have had a greater
breadth and depth of family experience than younger people.
They have experienced many generations through relationships
with parents and grandparents, and thus a kinship with earlier
times; they have experienced marriage and parenthood, and
have rejoiced in becoming grandparents.

For those who have committed their careers to the cause of

[5] Benjamin Zablocki, "Some Modes of Communes—Integration and Disintegra-
tion," preliminary report, California Institute of Technology, 1973.

families, it becomes doubly painful when the value and viability of the family are questioned. Both professional commitments and personal securities are thereby threatened. However, difficult as it may be, it is important to seek both understanding and flexibility, and to consider current trends and what they may mean both for personal and for professional lives.

STATISTICAL DATA

A quick look at the data will provide one level of understanding about what is going on.

Marriage rates. The marriage rate continues to be high, with over 90 percent of the adult population having been married at least once.[6] However, today only 70 percent of the young people between the ages of twenty-two and twenty-six have married. Some observers see this as evidence of a new trend in nonmarriage, or greatly deferred marriage, in a large segment of the youth population.[7] Although the monthly Vital Statistics Report (1973) shows that the marriage rate is higher than at any time in the past five years, this largely reflects remarriage among older people rather than the marriage of younger ones. The average age at first marriage is also somewhat higher than in the recent past, the peak of early marriages having been reached in 1955.

Since 1960 there has been a marked upsurge in the number of people living alone; households are being "uncoupled," as the experts say. This trend is particularly noticeable among the elderly and among young males.[8] Some claim that this trend may be equally strong among young females, but that the latter hesitated to report this to census takers.

Divorce on the increase. The proportion of divorced people in this country has grown by about 80 percent over the past ten

[6] Bureau of the Census, *The Social and Economic Status of the Black Population in the United States, 1971* (Washington, D.C.: U.S. Government Printing Office; 1971), No. 42, p. 23.

[7] Paul C. Glick and Arthur J. Norton, "Perspectives on the Recent Upturn in Divorce and Remarriage," Population Association of America in Toronto, Canada (Washington, D.C.: Bureau of the Census, U.S. Department of Commerce; 1972).

[8] Bureau of the Census, *Current Population Reports; Population Characteristics: Marriage, Divorce, and Remarriages by Year of Birth,* June, 1971. Series P. 20, No. 239, September, 1972 (Washington, D.C.: U.S. Government Printing Office, 1972).

years. The best estimate is that one fourth of all marriages end
in divorce. Although it is'frequently claimed that the United
States has the highest divorce rate in the world, it is not entirely
clear whether this is so, partly because of difficulties experienced
by many countries in obtaining accurate statistics. Then too,
high divorce rates do not necessarily mean higher rates of non-
marrieds in the population. For one thing, the United States has
one of the highest marriage rates in the world; therefore, a
larger proportion of the population is exposed to the possibility
of divorce. Furthermore, with lengthened life expectancy, it is
possible for marriages to last much longer than they once did
(about fifty years), which creates a longer period of time in
which divorce may be both tempting and possible. High divorce
rates may be a sign of affluence. Today more people can *afford*
divorces and their sequelae. At present, the total divorce rate is
close to the all-time peak of 1946.[9] Nevertheless, only about 6
percent of women and 4 percent of men were in divorced status
in 1971. However, twice as many black women (12.5 percent)
and one and one-half as many black men (5.5 percent) were in
divorced status at that time.

The great majority of divorces occur by the time people have
reached age forty-five. The median age at first divorce is declin-
ing and probably is now at some point in the late twenties.[10] Al-
though the largest number of divorces usually occur during the
first five years of marriage, recent trends show another, smaller,
peak when couples are in their early forties.

Contrary to popular impressions, the great majority of di-
vorced people who remarry do not get divorced and remarried
again. Only one percent of those who had remarried by 1971
and were between ages forty-five and fifty-four had been di-
vorced twice and married three times. Apparently, the belief
that many people are engaging in "serial monogamy" is more tit-
illating than true.

Birth rate down. The birth rate has been dropping sharply

[9] U.S. Department of Health, Education, and Welfare National Center for
Health Statistics, *Monthly Vital Statistics Report,* XXI (1973), 3.

[10] Bureau of the Census, *Current Population Reports.*

and is currently at the lowest point in our recorded history—down 10 percent from 1971. About one fourth of young couples (with the husband under age thirty-five) are childless, compared to 18 percent in 1960. According to the polls, the majority of young people today say that they desire one or two children, compared to the "ideal" family size of two to three children expressed ten years ago. (Today's young people had best keep the average family size to two children if there is not to be another serious population explosion.)

According to Conrad Taeuber, director of the 1970 Census, "it looks as if the years leading to 1985 will be the era of young marrieds," a result of the 1948–58 baby boom. Whether or not the great majority of these young people will marry is a moot point; whether or not most of them will have children is also moot; but it is clear there will continue to be a remarkably large youth population at least through 1984.

Senior families. The decline in the birth rate, starting in the late 1950s, plus prolonged life expectancy means that the average age of the population will continue to rise during the next few decades. About 10 percent of the population is over sixty-five, with over 25 percent more females than males in this group. The majority of these men are married, and the majority of the women widowed, many of them living alone. The plight of our elderly is well-known; the major family-related fact is that the chances of remarriage for older women are slight; a situation leading to proposals that new marriage patterns, such as polygamy, be made acceptable for the elderly.

More demographic facts, with profound implications for the family, are the combination of early marriages, early childbearing, small family size, and long life expectancy. These trends have created a relatively new situation for married couples. On the average, they spend many more years of their marriage (twenty-five or more) without children in the home than with children present. Historically, child rearing was the central cultural reason for marriage throughout the life span; usually one parent died before the last child left home. Under modern conditions, long-lasting marriage needs a different rationale. Also,

these new conditions offer an opportunity for a very long second honeymoon that can be extremely rewarding. In fact, various studies reveal that marital happiness tends to increase after the mid-forties and on into the sixties.[11]

More women at work. Urbanization and suburbanization often create new conditions that make a greater variety of family forms possible. Linked with this and related trends is the growth in female employment outside the home. Over 40 percent of females of working age are in the labor force, a large number of whom are parents of young children. As greater numbers of women attain higher levels of education, and as better jobs become more available to them, fewer are likely to settle for traditional marriage and parenthood roles. In fact, some of the traditional patterns of homemaking and child care are on the way to becoming obsolete. They are largely based on nonpaid, small-unit, only partially mechanized hand labor, while the larger economy features wages and fringe benefits, mass production, and mechanization. As a result, home and family life have counterbalancing allures, but also maladaptive features—especially for wives and mothers.

MAJOR DEVELOPMENTS

Less rationale for the nuclear family. All in all, current demographic and economic trends create a situation in which marriage and parenthood have little rationale as life patterns for virtually everyone. A variety of life styles would be more appropriate as an accepted social norm, both for the present and for the foreseeable future.

Such a variety would not constitute a major break with history. In fact, marriage and the family as known today were not the prevailing European pattern until the beginning of the last century. Earlier, it was something of a luxury.[12] And it is only recently that Western European countries have reached the af-

[11] Catherine Chilman, "Families at Mid-Stage in the Family Life Cycle," *Family Life Coordinator*, XVII (1968), 297–312.

[12] Jessie Bernard, *The Future of Marriage* (New York: World Publishing Co., 1972).

fluence and industrialization that support marriage rates approximating those in the United States. Although all human groups that we know about have had some form of marriage and family organization from earliest times, this has not universally precluded coexisting life styles.

Again contrary to popular belief, the nuclear family does not reflect the highest form of family organization throughout history. According to some scholars,[13] the most primitive societies had small, nuclear families. Extended families were more characteristic of somewhat advanced agricultural societies. Industrialization tends to bring a return to the nuclear form.

Although earlier students saw the small nuclear family as the dominant form in the United States, later scholars found that there are actually a number of coexisting family structures: the strong kinship network system of various national groups such as the Jews, Italians, and Poles; the nuclear family of the WASPS (who, nevertheless, have many more kinship ties than is often supposed); and the one-parent family often (but not usually) found among blacks, especially at low-income levels in urban settings.[14]

Most family reformers do not actually call for an end to marriage and the family, and few actually challenge the importance of the family as a major form of social organization. Rather, some plead particularly for social norms that approve of a variety of life options; [15] others particularly decry the *nuclear* family as a major social form, pleading for extended families of people related by mutual interests. Such families, they say, would offer a greater breadth of human relationships and would help offset the depersonalizing forces of today's society.[16] A number of family reformers stress the need for social and legal acceptance of

[13] Levi-Strauss, *op. cit.*; Lomax, *op. cit.*

[14] Arlene Skolnick and Jerome Skolnick, *Family in Transition* (Boston: Little, Brown and Co., 1971).

[15] Bernard, *op. cit.*

[16] Larry Constantine and Joan Constantine, "Dissolution of Marriage in a Non-conventional Context," *Family Life Coordinator*, XXI (1972), 457–62; Larry Constantine and Joan Constantine, "Where Is Marriage Going?" Delora and Delora, *op. cit.*, pp. 125–36; Skolnick and Skolnick, *op. cit.*

the various family forms that already exist in our society, and many emphasize the need for changed perceptions of female sex roles both within and outside family life. Others stress the need for less exclusivity in marriage and a calmer acceptance of extra-marital affairs for both partners.[17]

Rationale for changes. Among the other reasons for such proposals are:

1. Marriage tends to be worse for women than for men.

Although myth would have it otherwise, single women tend to be healthier and freer of neurotic symptoms than married ones. Further, since women usually seek to marry men who are somewhat more intelligent than themselves, the more brilliant females tend to not marry, while this tends to be true of the *least* capable males. On most indices, married men are likely to be the healthiest group in the population, and most secure in happiness, income, and over-all stability.[18] They are followed by single women, married women, and single men. If married women work, this seems to reduce their neurotic symptoms, as shown by a study comparing nonworking and working wives. Nevertheless, married women still have higher rates of emotional distress than single ones. Of course, it may not be that employment helps wives become less disturbed; comparatively better adjusted wives may seek employment.[19]

In terms of self-perception of happiness, a large number of wives rate their marriages as happy, and only about 3 percent of both husbands and wives rate them as very unhappy. Furthermore, only about one fourth of single women (compared to nearly half of married ones) rate their lives as very happy. The single state brings about even higher rates of unhappiness for men than for women, however, with 20 percent of single men seeing themselves as mostly unhappy, compared to about 12 percent of single women.[20]

2. Marriage is particularly difficult for wives when there are children although parenthood appears to detract from the marital happiness of fathers as well.

[17] Morton Hunt, "The Future of Marriage," in Delora and Delora, *op. cit.*
[18] Bernard, *op. cit.*   [19] *Ibid.*   [20] *Ibid.*

Again, Bernard cites a number of studies to explode another myth: that childless marriages are less happy than those with children. The reverse appears to be true, on the average. In fact, one study [21] shows that children are considered particularly important to the marriage when the parents are not especially happy in their marital relationship.

3. The rates of sexual satisfaction for women have been lower than that for males.

Until fairly recently it was assumed that many females were naturally or untreatably nonorgasmic, that a large proportion of this group really did not object to this situation, and that the female sex drive was lower than that of the male. The double standard of sex morality was interwoven with these assumptions.

The research efforts of Kinsey in 1953 and of Masters and Johnson in 1966 and 1970, following the pioneering work of others reported by Brecher in a 1971 summary of research, have helped to shatter these illusions. We now find that the female sex drive is at least as strong as that of the male, perhaps stronger; that females may well have an orgasmic capacity superior to that of males; that sex interest and the capacity for sexual response continue far into old age for both males and females.

These findings, together with other social, economic, and political factors of contemporary life, combine to present a radically different view of human sexuality, especially female sexuality. With the addition of the "contraceptive revolution" that frequently includes legalized abortion, we certainly do have altered life situations; situations that lead to females having a new vision of possibilities for themselves. These visions may include more and better sex outside as well as within marriage; the choice of childlessness or only a few children; the choice of marriage or nonmarriage; in short, the choice of many kinds of life patterns. And if females seek wider freedoms and choices, this inevitably affects the options that are open to males. Of course, males not only react to female visions, they have plenty of their own, ranging from more liberated, nontraditional life

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[21] Eleanor Luckey and Janet Bain, "Children: a Factor in Marital Satisfaction," *Journal of Marriage and the Family*, XXXII, No. 1 (1970), 43–45.

styles for themselves to a reassertion of male power and dominance. Whatever position they take, both males and females are caught up in the sexual evolution.

4. I use the term "sexual evolution" advisedly because marked changes in sexual values and behaviors have been in progress for at least fifty years in this country. Higher rates of premarital and extramarital sex first occurred, especially for middle- and upper-class young women, in the 1920s, and of course, this female behavior affected male behavior. Primarily, it shifted nonmarital male sex behavior from relationships with prostitutes, call girls, and members of the "underclass" to relationships with their female peers. Changes in values in the more advantaged socioeconomic groups began to diffuse throughout the population somewhat later, although this diffusion is still far from complete.[22]

Until the late 1960s the chief features of the so-called "sex revolution" seemed to be attitudinal: more openness and honesty about sex behavior; lessened belief in the double standard; an increased acceptance of nonmarital sex if it were combined with affection and personal responsibility; recognition that sexual gratification of both husband and wife is an important and legitimate part of the marital relationship; and rising aspirations for self-actualization through sexual fulfillment.

Within the past few years, the rate of premarital sexual behavior has been rising somewhat.[23] For the most part, this higher rate is not synonymous with a higher rate of promiscuity; most of this behavior tends to occur within a semipermanent relationship. (This statement is most likely to apply to the more advantaged socioeconomic groups. The harshly adverse effects of poverty, especially when combined with racism and urban

[22] Catherine Chilman, *Growing Up Poor* (Washington, D.C.: U.S. Government Printing Office, 1966); Alfred C. Kinsey *et al., Sexual Behavior in the Human Male* (Philadelphia: W. B. Saunders Co., 1948); Alfred C. Kinsey and Paul H. Gebhard, *Sexual Behavior in the Human Female* (Philadelphia: W. B. Saunders Co., 1953); Mirra Komarovsky, *Blue Collar Marriage* (New York: Random House, 1964); Lee Rainwater and Karol Weinstein, *And the Poor Get Children* (Chicago: Quadrangle Books, 1960).

[23] Robert Sorensen, *Adolescent Sexuality in Contemporary America* (New York: World Publishing Co., 1973); John Zelnick and Melvin Kantor, "Adolescent Sex Behavior in the United States," *Family Planning Perspectives*, V, No. 1 (1973), 5–21.

disorganization, tend to create more transitory and exploitative relationships between those males and females who are at the bottom of the socioeconomic ladder.[24])

Although we hear a great deal about more sexual promiscuity, as in the case of "group sex" [25] and as some people fantasy about communal arrangements, the incidence of such behavior is actually very low, probably involving less than one percent of the population.

All in all, it is probably healthy that we are becoming more open and honest about our sex needs, interests, and behavior. For much too long, repression, secrecy, anxiety, and guilt about valid human drives have tortured males and females alike. It seems likely that if sexual attitudes and values become more tolerant, sexual behavior will also become freer. And this too is probably healthier for most people. Again, for much too long, many people, especially girls and women, have been badly thwarted in finding sexual fulfillment. Their resulting hostilities and depression have made lives hard for themselves and for their men. However, the current plea for *total* sexual freedom, so long as it is private and by mutual consent, may be unwise. Perhaps total freedom would place too much responsibility for decision-making on individuals; even in the animal world, as well as in the human world, there have always been formalized restraints on sexual behavior. We need to evolve new values that provide for more freedom, within well-defined limits, but not place the entire burden of decision-making on individuals.

These changes in sexual attitudes and behavior are of course closely related to the search for new family forms. Part of this search is for new modes of relationship between the sexes. This

[24] Boone Hammond and Joyce Ladner, "Growing Up in a Negro Slum Ghetto," in Carl Broderick and Jessie Bernard, eds., *The Individual, Sex and Society* (Baltimore: Johns Hopkins University Press, 1968), pp. 41–52; Oscar Lewis, *Children of Sanchez* (New York: Random House, 1961); Lee Rainwater, *Family Design* (Chicago: Aldine Publishing Co., 1965); Bernard Rosenberg and Joseph Bensman, "Sexual Patterns in Three Ethnic Sub-cultures of an American Under-class," in J. Robbins and J. Robbins, eds., *An Analysis of Human Sexual Inadequacy* (New York: New American Library; 1971), pp. 361–72.

[25] Gilbert D. Bartell, *Group Sex* (New York: Wyden, 1971); James W. Ramey, "Emerging Patterns of Family Innovative Behavior in Marriage," *Family Life Coordinator*, XXI (1972), 435–56.

was also one of the purposes of the earlier communal movement, expressed in the utopian communities of the 1840s. But in the case of the latter, the major emphasis was on building ideal societies rather than on searching for new personal freedoms and family forms.[26]

HOW SUCCESSFUL ARE THE NEW FAMILY FORMS?

The communes. So far as research can tell, well-organized communes are actually few in number, probably about a few hundred, and are found mostly on the East and West coasts. They experienced their greatest growth during 1968 and have declined in number since then. Those that have survived five years or more tend to be characterized by the members' personal investment in the well-being of the group, heavy use of ritual, regulation of behavior, and strong charismatic leadership, the factors also found in the more successful utopian communities of the 1840s.[27]

In general, these communes have not resulted in more equality for females; the opposite tends to be true. Even more than in the case of the *kibbutz,* where traditional sex roles were soon established despite the original goal of sexual equality,[28] the females in communes are usually assigned duties of child care and homemaking. As for sexual freedom, Bernard[29] reports that few women can accept being sexually accessible to a number of men and usually form a special attachment to a particular man.

In defense of such findings, it has been pointed out that, quite naturally, new family forms do not immediately bring about changed behavior; after all, the participants were initially socialized in a quite different society.

Group marriages. The same factor might apply to Ellis's report that most group marriages tend to break up, with sexual

[26] Zablocki, *op. cit.*

[27] Rosabeth Kanter, "Commitment and Community: Communes and Utopias," in *Sociological Perspectives* (Cambridge, Mass.: Harvard University Press, 1972).

[28] A. C. Ben-Yosef, *The Purest Democracy in the World* (New York: Herzl Press; 1963).

[29] Bernard, *op. cit.*

jealousy an important reason for their dissolution.[30] In these marriages, as in communes, women tend to find little sexual equality. Group marriages may involve one, two, or three couples with or without attached singles. According to Ramey,[31] group marriages, even more than communes, primarily seek a network of cooperating, intimate, mutually supportive relationships. As one might imagine, the complexities of courtship and "marital adjustments" are far greater in group marriages than in the more usual kind, and, as in the latter, complications mount when children are involved.

Premarital cohabitation. Premarital cohabitation seems to be a growing practice, perhaps especially prevalent among college and university students. Considerable research on this topic is presently in progress, particularly stimulated by Eleanor Macklin of Cornell University. In one study, Macklin reports,[32] her female respondents gave the following reasons for cohabitation: a search for meaningful relationships, rejection of the superficial dating game, loneliness in a big university, questioning the institution of marriage, and emotional satisfaction. Their cohabitation-related problems particularly emphasized overinvolvement in the relationship, dependency, and a loss of personal freedom and indentity—a finding somewhat similar to that of Bardwick's at the University of Michigan.[33] Many newly married young women might have similar complaints.

It seems likely that premarital cohabitation will continue; it is probably a more realistic arrangement for many of today's youth than the secret and often frenzied arrangements or premature marriages of the past. Of particular interest to family workers

[30] Albert Ellis, "Group Marriage; a Possible Alternative," in Herbert A. Otto, ed., *The Family in Search of a Future* (New York: Appleton-Century-Croft, 1970), pp. 321–400.

[31] Ramey, *op. cit.*

[32] Eleanor D. Macklin, "Heterosexual Collaboration among Unmarried College Students," *Family Life Coordinator*, XXI, No. 4 (1972), 463–72.

[33] Judith Bardwick, "Psychological Factors in the Acceptance and Use of Contraceptives," in James Fawcett, ed., *Psychological Perspectives on Population* (New York: Basic Books, 1973).

may be the findings of Zelnick and Kantor [34] that premarital sex is less likely to occur when communications between parents and children are congenial and of Macklin [35] that her subjects felt they would be able to handle their problems better if they could discuss them freely with their parents.

Premarital cohabitation will not necessarily replace marriage. At present, it may be *deferring* marriage for some of our youth. Perhaps this practice will lead to later and, in the long run, better marriages. It is far too early to know.

Parenthood without marriage. Such terms as "illegitimacy" and "out-of-wedlock" births are currently banned by the more avant-garde members of the population. The rate of births outside marriage are high; far higher for blacks than for whites, for a complex of social, psychological, and economic reasons. However, the rate for blacks has been dropping somewhat in recent years, and the rate for whites, rising. At least some women are saying that they want to have children without the obligation to be tied to the fathers; they like living with babies, but not with husbands.

This pronouncement requires an effort of imagination for those who have been strongly acculturated to the two-parent family norm as a prerequisite for optimal child development. And many social workers firmly believe that children of fatherless homes are particularly apt to have problems. However, in a careful review of related research, Herzog and Sudia [36] show that the evidence is not all that clear, especially when controls are established for differences in socioeconomic status of father-absent and father-present homes. They conclude that, on balance, while a child is probably better off in a congenial, stable, two-parent family, the reverse is likely to be true in families marked by marital dissatisfactions. Although a large number of studies show that female-headed families are particularly apt to be economically disadvantaged, and although the child-care problems of

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[34] Zelnick and Kantor, *op. cit.*

[35] Macklin, *op. cit.*

[36] Elizabeth Herzog and Celia Sudia, "Fatherless Homes: a Review of Research," *Children*, XV, No. 5 (1968), 5–22.

working mothers are well-known, proponents of the single-parent family point out that better jobs for women and better child-care facilities would solve *these* problems.

Some single men, too, are seeking the right to adopt children, and some are doing so. In sum, single, widowed, divorced, and separated fathers and mothers are asking for more economic and child-care help from society so that they can better manage their one-parent status.

Cooperative arrangements and shared sex roles. Jessie Bernard sees hope in a small but growing movement of families who cooperate with each other through shared housing, homemaking, and child-rearing.[37] She rightfully points out that the prevailing system of individualized arrangements that particularly penalize wives and mothers is unfair and maladaptive to contemporary society.

Along with recommendations for more cooperation among groups of families, she calls for further experimentation with cooperative role-sharing between the sexes; for instance, both husband and wife might carry part-time jobs and share equally in child-rearing and household tasks. We have already seen a trend in this direction, as more husbands and wives, especially professionals, have evolved marriage and family life styles that at least approximate an equal partnership between the sexes. Although intensified cooperation between families and greater task and power sharing between the sexes are highly desirable, the evidence is far from clear whether such movements will grow very greatly either in breadth or depth in the years to come.

WILL THERE BE RADICAL CHANGES IN MARRIAGE?

Family forms in the future. All this experimentation in the development of new family forms, so widely publicized, is probably a manifestation of radical movements in general, for which the times are somewhat ripe. The extremist fringe is unlikely to bring about all the changes it advocates, but its advocacy, plus underlying compelling conditions, has an effect on the more

[37] Bernard, *op. cit.*

moderate majority. This group moves mildly, albeit sluggishly, in the direction of reform. `

As one goes down the scale of lower income and poverty families the "reality" pressures are far more intense for basic economic security and fundamental social justice than for reforms in family life. In effect, it is the more affluent who can afford the luxury of putting primary emphasis on such matters as the quality of relationships, equality of sex roles, and the search for significance and self-actualization through new family forms. In efforts to understand and be useful to families, the social work profession should not forget its major concern with those who live in poverty or close to it, even though poverty is so unacceptable a subject these days that the federal government is busily inventing its official disappearance.

Although some commentators say that neither marriage nor the family has a future, most social scientists see it otherwise. They call for modification in family arrangements and a legitimized choice of, and support for, alternate life styles rather than a radical departure from marriage and the family. as a major form of social organization.

"The more things change, the more they stay the same." For under the rather superficial layer of change in the arrangements for relations between the sexes, between parents and children, between the generations, between kin and "significant others," lie the great human universals of the need to love, to belong, to protect and be protected, to bring forth and nurture new life. Like all our forebears, we struggle to find a better way of life, both alone and together with others. In turbulent times like the present, the struggle may be especially intense. In that lies our hope, a hope that commingles with incipient despair.

I make a special plea that, as social workers, we apply ourselves knowledgeably and creatively to ways in which the lives of all kinds of families and all individuals may be made more satisfying and adaptive to a changed and changing society. These ways include improvements in the environment in which people live and improvements in human services for individuals and families. As we experiment, let us further develop and refine re-

search strategies so that we can learn more about their impact and effectiveness. So far, research has yielded disappointing results about the effectiveness of social welfare programs. This may mean, at least in part, that we have not sufficiently refined either our intervention strategies and skills or the research designs and instruments that attempt to measure them.

Honesty in Casework Treatment

HARRIS CHAIKLIN

Oₙₑ ɴᴇᴄᴇssᴀʀʏ ᴄᴏɴᴅɪᴛɪᴏɴ for casework is honesty in the professional interaction; but the field reflects moral ambiguity about what information should be shared with the client and what should be retained by the professional worker. The principles developed in that part of casework where help is received through verbal interchange between worker and client are applicable to the techniques used in the wider casework endeavor.

When a person is seen at intake his problem is explored. Once it is determined that the situation falls within the agency's province, a worker is assigned. During treatment, notes may be taken and a record is made. When psychological and other tests are given, they are interpreted to the client, and the results are then recorded. The case is reviewed with the supervisor and, often, over coffee with colleagues. There may be psychiatric, case, and interagency conferences. When service is completed the record remains.

There is nothing in this structure that is particularly striking, frightening, or blighting to individual dignity. What stands out is the extent to which the client is not included in the process. He plays almost no part in writing the record and almost certainly never reads it. Even if the client is aware that supervision, psychiatric consultation, or interagency conferences occur, he seldom learns the results. Few workers let the client know that any suggestion for continuation or change in the treatment plan comes from an external source. The client participates in a psychiatric interview or psychological test but usually gets the results from a worker who is trying to interpret a written report

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verbally. Certainly these activities are essential to treatment. Why is the client not included more?

There is nothing about client exclusion that automatically makes for poor treatment results. We can go further and state that obsessive sharing of information can tell people more than they need to know, and compulsive honesty can be brutal. What makes this behavioral routine problematical is that it distorts treatment.

Social work, more than other professions, has what amounts to an ethic that "relationship" is the vessel through which treatment pours, even if it is only a placebo. It is the magic which will compensate for any treatment problem. And this is substantially true. We are all aware of wondrous tales where a "halo effect" has overcome errors in technique and defects in the treatment structure. This is a random thing. One cannot depend upon it to carry the burden of professional treatment.

Relationship is important; but it is only one of several treatment components. Among these elements are accurate diagnosis, competent application of technique, and honesty in treatment. The glorification of relationship and its emphasis on "warmth" and the ability of the worker "to give of himself," without specifying how to do this, have dominated social work consideration of treatment.[1] Practice prescriptions have been reduced to slogans solidified into a secret ritual.

The most common complaints that clients make about social workers concern: not sharing information; ambiguous answers; a sense of being manipulated without knowing why; and a saccharine way of relating the most elemental things.

These criticisms are often manifestations of resistance; but as Reid and Epstein note, they are often true:

Here one is reminded that among social workers the term "casework" is sometimes used as a verb connoting a devious attempt on the part of one professional to discourage another, usually a subordinate, from doing something through the use of pseudo-therapeutic and indirect methods of influence. If caseworkers resent being "case-

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[1] Helen Harris Perlman, *Social Casework* (Chicago: University of Chicago Press, 1967), pp. 65–67.

worked," perhaps clients do also. The client deserves to know clearly where the caseworker stands; at least then the client has the opportunity to discuss his proposed course of action *on its merits.*[2]

Reid and Epstein are concerned that treatment can be experienced as a perversion and they see openness and honesty as an antidote. These qualities were essential in developing talking therapies, and their diminution reduces the vitality of treatment as a helping method. Burton puts the question this way:

Why have we so carefully shielded our person from the client? Why has it been so difficult to share our humanity and to see clients as persons as well as transferences? Freud was ever-ready to use himself and his life experiences as an experimental laboratory, and some of his clients must surely have read *The Interpretation of Dreams* and *Three Contributions to a Theory of Sex.* His inner life was in one way or another on public display. Jung similarly used aspects of his life to assist the therapy of a client. I suspect that therapists do a lot more of this than anyone really knows, but we have lost a certain openness in treatment which is the proper foundation of a generic psychotherapy.[3]

By pointing to the discrepancy between the way treatment is actually done and the way the literature says it should be done, Burton identifies a load of unnecessary guilt which many therapists carry with them. Under such circumstances treatment cannot help but be experienced as a stilted and frozen interchange. David Viscott in a remarkable autobiographical statement devotes much time to his efforts to free himself from therapeutic strictures:

There were . . . times when you struggled with a patient for months trying to get him to understand what was going on, and when finally you succeeded it didn't help the patient. The patient might have said, "I understand it all now, but I still feel crappy." What you do then is what most of therapy is all about. You help patients to cope with what can't be changed, to accept their own limitations and not to shrink from their own humanness.

[2] William J. Reid and Laura Epstein, *Task-centered Casework* (New York: Columbia University Press, 1972), p. 112.

[3] Arthur Burton, "Healing as a Life Style," in Arthur Burton *et al.,* eds., *Twelve Therapists* (San Francisco: Jossey-Bass, 1972), p. 3.

This requires that the therapist be in touch with his own human-
ity and be willing to accept and examine his own feelings when they
come up while listening to patients. Sometimes when talking to Mrs.
Goldman I would remember times when I was on my own unexpect-
edly and felt abandoned, my first year at camp or at school. My feel-
ings were sympathetic vibrations touched off by Mrs. Goldman, sort
of like harmonics in tune with emotions. The analysis of these kinds
of harmonics sometimes gave me the greatest insight into patients. I
sometimes shared these harmonics with my patients with very helpful
results. There is a risk in this, of being exposed and losing your ano-
nymity. I suspect it's often worth taking.[4]

Risking oneself in the treatment interaction does not mean
that one abandons reality or professional responsibility. There is
a difference between sincerity and authenticity. Berger says
about sincerity:

It came to be applied to persons metaphorically, first to mean a con-
sistency in virtue, then the absence of pretense. [By contrast] The
idea of authenticity emerges from the disintegration of sincerity. . . .
the *ens realissimum* of the individual is transposed from the external
reality of social interaction to the recesses of innerspace. . . . [He
concludes] Sincerity is discovered *within* social roles, authenticity *be-
hind and beneath* them.[5]

Honesty in treatment lies much closer to sincerity than to au-
thenticity. One reaction to those who assume that the insults of
modern society pose a greater threat to self-integrity today than
in the past is to advocate treatments that are supposed to de-
velop the authentic person. To the extent that sensitivity, en-
counter, primal scream, and "group grope" procedures neglect
concern for interaction with others, they are substituting au-
thenticity for sincerity. Both are needed, but in handling the
problems of life, interaction comes first. What we mean by hon-
esty in treatment is that worker and client share themselves.
This includes mutual understanding of treatment and the de-
tails of its practice. Some illustrations follow:

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[4] David S. Viscott, *The Making of a Psychiatrist* (New York: Arbor House,
1972), pp. 125–26.
[5] Peter L. Berger, " 'Sincerity and Authenticity' in Modern Society," *The Public
Interest,* XXXI (1973), 81–82.

SHARING OF SELF

An eighteen-year-old youth from a family with a long and severe history of conflict returned to the agency. During an initial family interview the presenting problems were a refusal to register for the draft, a threat to run away to Canada, and rejection of the idea of going to college. The parents felt that despite all their efforts to help, their son was really no good and a Communist. I told the family that I considered the war in Vietnam a breach of the Constitution; that I was engaged in counseling college students regarding the draft; that I had no preconceived notions about what an individual should do in relation to the war, but that the only way I could work with the young man was if the legitimacy of his concern was accepted. I defined my goal as helping him understand his position and accept responsibility for its consequences. When this was accepted by the family I helped the young man get information about draft resistance and discussed this in relation to his situation. He eventually decided to register and to go to college. This experience marked this young man's first use of treatment after several rejections. In a terminal interview he said that his acceptance had been based on my letting him know my position about the war. And that even though it did not correspond to his, knowing where I stood had enabled him to use help.

SHARING PROFESSIONAL INFORMATION

An overprotective mother with an institutionalized child constantly complained that she could not find out what was happening. This aroused her suspicions, which the child played on, that the child was being mistreated. The institution saw her as noncooperative, aggressive, and hostile. I shared with the mother my planning for a joint conference and its results. In doing this I presented the strengths and weaknesses of the situation, including the limitations that came from my being a part-time worker. She then said that I was the only one who ever told her the truth. What stood out was this woman's ability to accept and deal with negatives in the situation and the poor prognosis for her child. In the past, not sharing this information only increased her hostility because inwardly she was attempting to deny the situation. As the mother came to believe

that I shared all my information with her, she was able to participate in treatment that led to her child's return to the community.

SHARING TEST INFORMATION

Extreme sibling rivalry was an issue with one family. The older sib believed that the younger was brighter but tried to deny this. Problems were rationalized as stemming from parental preference for the more socially adept sib. Although he had been tested previously, the older sib had not believed the verbal report. Retesting was arranged, and with the concurrence of the psychologist the written report was given to the clients to read. The report indicated that the older sib was somewhat lower in IQ, though not significantly so, and that emotional factors probably accounted for this. It pointed out the distinctive way each sib handled problems. After this the older sib began to use treatment for himself. He subsequently went on to college and a productive job.

SHARING NOTES

An adolescent came to the agency under parental pressure. I told the family that not much would happen with this type of problem if it was involved in a family conflict. I requested an interview with the adolescent alone because he had not talked in the initial interview. Even though the client came under duress they discussed his view of the problem. At the end of the interview the client inquired about the notes I had made. When asked about this the client said he wanted to see how I would arrive at a recommendation for the family. I shared the notes, explained what he would help me remember, and how I would review them to prepare for the next interview. The client then said that he had decided he wanted to see me regularly.

SHARING IN CREATING THE RECORD

For example, in a marital counseling situation the client's reference to relatives led me to suggest that we construct a family case history diagram.[6] When I asked them to interpret this the wife noted the virtual absence of living family members for one parent and that

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[6] Manfred H. Kuhn and Thomas S. McPartland, "An Empirical Investigation of Self-Attitudes," *American Sociological Review*, XIX, No. 3 (1954), 68–76; *The Case History Method in the Study of Family Process*, formulated by the Committee on the Family (New York: Group for the Advancement of Psychiatry, 1970).

over half of her relatives had died before age forty. The themes of dealing with death and alonèness had not been previously articulated by the couple. Subsequently they became important treatment issues.

These illustrations show how sharing can add to the honesty of treatment. There are also some contraindications for sharing. When a client demands certain information, especially diagnostic labels, but refuses to engage with the worker in understanding the meaning of the request, it is usually not wise to share. If a fellow professional is reluctant to let the worker share his written report it is usually best not to violate the confidence. In one case, sharing without checking first resulted in subsequent negative handling of a client in a drug program. The refusal of others to share can be handled with the client. Finally, if the client is not committed to treatment, sharing of self or information cannot be used as a seduction to obtain involvement. It is not honest and it does not work.

We have argued that the rules regarding casework treatment have become so constricted as to make the relationship dishonest. It is necessary to return to the openness that characterized treatment during its early stage. There is abundant evidence that honest sharing, even about impending death, is required to make treatment fruitful and meaningful.[7]

To emphasize honesty in treatment does not require a different kind of person in social work, only a professional structure that demands competence. Goode's analysis of the social utility of incompetence notes several factors that increase the protection of ineptitude. External factors are: (1) a high demand for people to fill a role; (2) a low supply of people to fill a role; (3) a sociopolitical structure that keeps demand low; and (4) an organizational structure in which incompetence does not reduce the administrative head's power.[8]

Social work fits this paradigm. It is chronically short of qualified people to fill its budgeted positions. Except for certain

[7] See Norman B. Gordon and Bernard Kutner, "Long-Term and Fatal Illness and the Family," *Journal of Health and Human Behavior*, VI (1965), 190–96, for an important discussion of how not sharing contributes to painful death and sharing eases the situation.

[8] William J. Goode, "The Protection of the Inept," *American Sociological Review*, XXXII (1967), 5–19.

subgroups in our society, the social worker's job is not a highly valued position. The political structure does little to expand the demand for social work. And few agency heads have ever lost their positions because they had incompetent staff; conflict with the board is a more likely reason.

According to Goode, the following internal processes lead to the support of incompetence:

1. The inept create a floor that protects the mediocre.

2. It is difficult to replace personnel, even the incompetent, and this gives them bargaining power.

3. There are a variety of social circumstances in which less than optimum output is acceptable.

4. "The less able are protected more in those types of performances that are difficult to evaluate." [9]

Here too, social work closely conforms to the model. Social work is an oversupervised profession. The usual standard of one supervisor for as few as five workers not only testifies to the inability of these workers to perform independently but means that many of the most experienced workers do not see clients. Direct service is the core of any profession, and its most competent practitioners should be thus engaged. This is not the case in social work.

The difficulties of firing incompetent social workers, especially from public agencies, are too well-known to require extensive discussion.

Many agencies rationalize or accept poor performance in terms of a worker's personal emotional situation. I have seen workers commit the most gross acts, miss work, and otherwise not perform. The only comment their supervisor made was that the worker was having a difficult time in analysis.

Finally, social work's problems with evaluation are legion. There is a growing awareness that the profession is in trouble, but there seems little proclivity to tackle the matter of competence. An increasing number of articles purport to show that casework is not effective, and there are strident calls for the pro-

[9] *Ibid.*

fession to devote 20 percent of its resources to demonstrating its effectiveness.[10] These analyses do not address the issue of competence. It is hard to see how effectiveness can be demonstrated without considering competence.

From another perspective, the Family Service Association of America has issued a position statement decrying the state of education for casework practice.[11] The Association blames professional schools without assessing agency contributions to the mess.

It is necessary to overcome the external and internal pressures that push reasonable toleration of incompetence into ineffectiveness. We can demonstrate the effectives of casework and education for casework when the entire profession is willing to maintain its standards.

This discussion began with talking about honesty in treatment and ends with talking about competence. The reason is that honesty in treatment is the basis on which the profession can build competence. Goode notes that "person professions" require mutual trust to accomplish their task and that to establish this trust requires professional autonomy.[12]

Clients and workers must be freed from the rigid bureaucratic structures and false behavioral slogans which protect the incompetent. When honesty returns to treatment, competent professionals will have little difficulty in demonstrating effectiveness. The clients will tell us and they will show us by their behavior.

[10] For example, Joel Fischer, "Is Casework Effective? A Review," *Social Work*, XVIII, No. 1 (1973), 5–20, and in the same issue the editorial by Scott Briar on pp. 2, 114.

[11] "Position Statement of Family Service Agencies Regarding Graduate Schools of Social Work," *Smith College Studies in Social Work*, XLIII (1973), 108–10.

[12] William J. Goode, "The Theoretical Limits of Professionalization," in Amitai Etzioni, ed., *The Semi-Professions and Their Organization* (New York: Free Press, 1969), p. 297.

Current Federal Policies
on Health and Welfare

CASPAR W. WEINBERGER

THE 100TH ANNIVERSARY of the National Conference on Social Welfare is a very important milestone, for a great many people in this country have forgotten just how old a tradition of public service the Conference represents. They have the impression that public service or social welfare is something quite new. So it is a fine thing that we are reminded that our predecessors and our ancestors had the same high motivation which inspires NCSW today.

"A Mandate to Shape the Future," the theme of the 100th anniversary, shows that the Conference is looking forward instead of just looking back with self-congratulation. This is heartening evidence that 100 years after our forefathers went to work here we have made a complete commitment to social progress.

There is no question that most of America agrees on the basic goal of devoting substantial resources to human needs. The only real question is precisely how we should do it. No one questions any longer the fact that we should make such a commitment; and in this pluralistic society, the Executive Branch must accommodate itself to the achievable common ground if the nation is really to move forward.

Private groups of all kinds, such as the National Conference on Social Welfare, have to seek solutions just as we have—solutions that are attainable and practical. Because our forefathers and the predecessors of NCSW agreed upon the need to

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agree, it is possible for us all to meet together. It is essential to bear that in mind.

There is one disquieting note. In a quite recent national poll, 62 percent of the people questioned ranked inflation as the nation's most critical problem, while only 5 percent picked poverty. Just 5 percent listed welfare, and only 9 percent mentioned unemployment.

That would not be my priority list, and I think all of us might disagree with the indicated priorities that would come out of such a poll. We can strive to change these priorities, of course. But we have to acknowledge that there is a very hard reality which everyone interested in this work simply must recognize. The hard reality is that proposals for major increases in spending for welfare, poverty, and unemployment programs have to be measured right now against the existing state of public opinion which tends to put a lower priority on such issues than do those who work in these fields.

I was most impressed with the 1972 platform of the Conference. It represents not the complete goals of any one group in NCSW, but rather a hammered-out consensus—and that is necessarily the way most platforms and most statements of the issues are going to evolve these days. In that 1972 platform I found that this organization and our government, although approaching things from different directions, nevertheless manage to reach a great deal of common ground. I consider that very heartening.

The Conference called in 1972, for example, for increased allocations for social programs, and the government agreed. We proposed in the 1974 budget a total of about $126 billion, or 47 percent of the entire budget for this purpose. This is up from about 32 percent in just four years—an extremely important increase.

The Conference called for special attention to the aged—and we now have programs devoted to older citizens that account for nearly one quarter of the entire federal budget. Social Security benefit levels have gone up over 50 percent in the last three and one half years. Under new legislation that will soon take effect,

benefits will be inflation-proof through regular automatic cost-of-living increases in benefits for the aged, so that we will not have to wait from session to session and through periods of uncertainty to see whether or not the higher cost of living will be recognized. The older Americans comprehensive service amendments provide nearly $200 million in fiscal 1974—a sevenfold increase in just four years. Half of this amount will be devoted to nutrition programs with the remainder to assist states, cities, and counties in developing comprehensive service systems for the aged—programs to which social workers devote a great deal of time and energy.

The Conference called for strengthened federal leadership in setting standards of social service and quality of care, and HEW has set and is continuing to set new regulations in these areas.

The Conference called for programs of additional assistance for aid to families with dependent children. Those programs have to be equitable and effective, and a number of administrative reforms undertaken to guarantee that are now in process. One of the few things that people realize in these areas is that if a large percentage of the available funds go to people who are not eligible to receive them, inevitably people who *are* eligible will be seriously deprived of funds. We have encountered no one who feels that funds should continue to go to people who are not eligible under the existing law.

We also are working diligently on developing a program of national health care. We want a program of participatory insurance, a proposal that we believe promises to do far more good for far more people than the present system or than our 1972 proposal.

A number of options are under review. In one possible variation—and we have not made any firm decisions on these, of course—an income-related sliding scale of benefits would cover the cost of catastrophic illness for those of low income. We might even propose that general revenues cover some of these fundings. We want to be sure that we take care of the most urgent health needs of the nation within the monies available, and we have that in mind as we review possible alternatives.

We are considering, as well, the possibility of a health insurance credit card that would allow people to charge medical bills and pay off the portion not covered by insurance, just as they pay off other purchases. We believe this so-called "health card" would spare people the problem of initially having to put up a considerable sum of money before they can be admitted to a hospital, something that has bothered us a great deal.

We also are working hard to do something about the serious problem of rapidly rising health care costs. If we have a fine insurance scheme that provides $1,000 or $1,500 per person, it is meaningless if the cost of hospital care is rising, as it has in some states, to $146 per day. That kind of escalation nullifies any insurance scheme that does not have built-in pricing safeguards. So we are trying, through utilization reviews and through setting quality standards, to be sure that the funds will go to a system that does not generate a rapidly rising cost per patient.

Everyone concerned with this problem necessarily has to understand that before we devise any kind of insurance scheme we must get hold of health care costs. After all, when health care costs go up as much as 15 percent a year, no program based on a static system of benefits can work.

I must also mention briefly some of the changes that we have put into effect in the various welfare fields. For instance, in regard to the problem encountered by making a substantial number of payments to ineligible persons, thus depriving eligible people, we have been able to institute some improvement on a demonstration basis. As a result, we have been able to increase the benefits of eligible people. The first set of regulations provides an interesting example—some might even call it unique —of the government's admitting that it made a mistake. HEW published in December, 1972, so-called "quality control regulations" that called for the elimination of federal funding of welfare programs to whatever percentage of people was found by a state to be ineligible. It was an unrealistic set of regulations because not only was it not possible for a state to do anything about the problem, but also because it actually lowered funding, and in such a way that a state would be discouraged from trying

to ensure that welfare programs actually assisted eligible people. So we changed that.

We believe that there should be a quality-control program because $800 million a year should not go to people who are ineligible for that deprives eligible beneficiaries of $800 million a year. We admitted we were wrong, and in my belief we ended up with a better, more equitable program. This new set of regulations provides that there will be an opportunity for states to make sure that they do have quality control and proper audit, devised and implemented in a way that will not require a substantial loss of federal funding before the state has an opportunity to launch its program.

Another subject about which there may be some misunderstanding involves the new social services regulations. First of all, this is a program on which the Congress and the Administration are in full agreement; that fact alone distinguishes it from any others. For this program, the Congress in 1972 set a ceiling of $2.5 billion. This ceiling is much higher than any previous year's expenditures. This ceiling also mandates HEW to draw up new regulations to make certain that middle- and upper-income people do not continue to get some of the social service benefits that were intended only for low-income people.

We have tried to comply with this mandate and we believe we have. We recently published—after a first draft for which we sought, and utilized, comments, criticisms, and proposed changes—regulations defining a system under which we will have nearly twice as much day care for children. We will provide somewhere in the neighborhood of 600 thousand hours of day care instead of about 350 thousand hours as in the previous program, and we will be able to do this without going beyond the ceiling that the Congress has ordered. Most importantly, we will be able to do this for people of much lower income level than before.

We changed our position on this point earlier not only because we wanted to ensure that the eligibility level did not require people to go back on welfare, but also because we wanted to be sure that it provided adequate funding for day care for the

people who most need it. That was the basic purpose of the program and that is what we hope we have accomplished.

We also changed the initial draft of the regulations so that we could still receive, and count for federal matching purposes for social services, contributions from charitable and other private organizations that have been willing to make substantial contributions in the past. I was pleased to be able to report to the Urban Coalition in New York that we are again going to be able to use the funds which they raise to match and breed federal dollars for this purpose.

We are again working on a complete review of the entire welfare program because we do not want to leave any incentives to people to leave employment and go on welfare. At the same time, we want to be perfectly certain that the welfare programs are adequate and that they deal with the most needy situations; this is, after all, what welfare is for. There have been several anomalies. There have been situations in which, by applying to a combination of various programs and taking advantage of certain regulations, a family with two children could actually secure far more benefits than a family with seven children. This is something we want to correct.

We believe that it is essential that welfare payments—and no one questions the need for them—go to the people who are most in need; that they do not encourage people to remain on welfare but provide a strong incentive to *leave* the rolls.

In the final analysis, we believe that the most useful thing we can do is to create a program maintaining the kind of economy that can offer meaningful, important, and useful jobs. That is precisely what we are trying to do; that is what we regard as the very high priority of the entire welfare program. The great bulk of people on welfare really want significant, meaningful, and useful jobs. We believe they can be helped by the policies which we are following and which we hope to follow in the national and state administrations.

The historic social progress that has been made in America for the vast majority of our citizens has resulted to a tremendous extent from the fine efforts of social workers and likeminded

people over the past century. It is that general progress that in many ways makes the plight of those still left behind all the more compelling and all the more frustrating to Americans, whose belief in our capabilities to solve any problem is well known.

That is the one unique trait which unites all Americans. It unites social workers, I know, because they have proved it in the field. I say with complete confidence that we can solve these problems eventually, for I base it on the kind of work that the social work profession and we in government can join together in performing. Working together we can reach that common ground on social issues that results in progress, not stalemate. Working together we can make this great nation ever greater.

Citizen Nader and the Public Interest

RALPH NADER

In this 100th anniversary year of the National Conference on Social Welfare, one might wonder how little has changed as well as how much. The country is going through a period of great paradox, and if we do not understand that paradox and use it as a metabolism for action we might forego a prime opportunity for constructive and meaningful change. We look at our economy in the aggregate and we are told that it is booming. The gross national product (GNP) is increasing by leaps and bounds, and every traditional index tells us that the economy is accelerating. On the other hand, we ask ourselves: is this economic growth improving the quality of life, not only for the poor and the unemployed, but for most Americans? I think we will have a hard time proving that point, particularly for the last few years. This growth is not based on a response of our economy to the real needs of human beings so much as on a response to the needs that arise out of war, out of waste, and out of trivia—three principal characteristics and sources of economic growth in our nation today.

Economies can grow in many ways. They can grow because they have developed a comprehensive, adequate medical care system which distributes resources and services and generates employment. Or they can grow because they have to respond to the destructive waste of traffic systems and traffic injuries and pollution, all of which demand goods and services to compensate for their destruction.

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If three times as many Americans had been killed on the highways last year there would have been three times as much demand upon medical and hospital insurance, legal, automotive repair, and other services. These demands would have generated sales, income, profits, and jobs, and our economy would have grown commensurably. But nobody would say that the economy would then have raised the standard of living. The same is true with pollution. The quantities of soap and detergents and paint sold, the repair work done, and the number of insurance policies written are stimulated in direct proportion to the amount of pollution that corrodes human health and property. Indeed, almost any imaginable type of misery is a stimulus to economic growth in this country. Consequently, we have to change radically our evaluation of where our economy is going, stop simply counting percentage points in the GNP, and begin asking questions:

1. Are problems which are responsive to economic growth being solved? Real problems. Human problems. Problems dealing with people's need for food, housing, medical care, and transportation.

2. Do we have an economy which responds in such a way as to reduce the level of misery rather than feed off it?

3. Do we have an economy that generates a more equitable distribution of wealth and income?

These questions should be the core of the way we analyze our economy. Unfortunately, they are not, because asking these questions goes to the heart of economic and political power in the nation, and these questions are very unsettling to those who command the heights of such power.

Economists will quibble over a few percentage points here and there, but generally they agree that the concentration of wealth and income in our country has not changed for the better in the last thirty or more years. Indeed, because of new forms of wealth and new ways of depositing that wealth outside the jurisdiction of the United States the situation may be worse than we have been told. The concentration of wealth and income in the country has many consequences.

The first one is that is also concentrates political power. The second is that it severely distorts our legal system. Third, it is a horrendous obstacle to the proper utilization of our economic resources to solve greatly neglected problems and to provide a horizon of optimism for coming generations. It is a mark of shame for this country to have its mass transportation systems in great disrepair, with the number of passengers at a thirty-year low, and with very little new investment. The resultant disarray forces people to purchase cars and immobilizes the old, the very young, and the handicapped in a society that places a premium on mobility.

Our medical care system, running now $85 billion a year, almost twice as much as less than a decade ago, is also an expression of shameful allocation of resources and responsibility. Here the problem is more than just the waste of money; it is the lack of accountability for the use of that money, particularly by the medical and allied professions. Reports of abuses in the Medicare program by doctors, for example, have absolutely flooded the Treasury Department. The bugaboo of socialized medicine has been transformed into socialized bill-paying for the medical profession.

Without the proper allocation, without the proper responsibility for the expenditure of these funds because of the abdication of such responsibilities by the insurance companies who administer Medicare, there is now a program which produces more grist for right-wing politicians' mills instead of performing properly what could have been an efficient and self-correcting, qualitatively oriented program. I am convinced that the lack of adequate support for a national health insurance system is attributable to many of the breakdowns in the Medicare system, to many of the abuses, and to the comfortable posture of the professionals who are benefiting from Medicare.

In our educational systems we see elementary schools on the verge of closing near the end of a tax year because there are not enough property taxes to support them. This situation exists in many areas where such financial stringency has never been experienced before, even in the depression. So in many ways the

quality of our economic direction and the concentration of wealth and income are destroying any prospect of looking to the future and saying, "Well, if the economy just grows a little more we'll be able to solve this problem or diminish the severity of that problem." Many of the terrible depression torments in the 1930s were alleviated by the end of economic stagnation and the movement toward fuller employment, and that fact has misdirected people's attention in recent years—very badly, in my judgment—toward a quantitative analysis of the economy. We can double the size of our economy and what will we get from it? We can still have severe unemployment, inadequate attention to social services, fantastic levels of pollution, and a mishmash of inefficiences all of which generate the type of economic growth that squanders our resources and violates our concepts of distributive justice.

One would think that one of the indices of an affluent economy would be permitting people to use their legal system. While on the one hand we look at our legal system and display the rights that people have, on the other hand, most people cannot afford to use that legal system. That includes not only the poor, but also the middle class, whose complaints are simply not big enough to justify the cost of hiring a lawyer and enduring the delays and expense of a highly unrationalized court system. We have found in analyzing consumer complaints that most people not only cannot use the legal system but never even think of it. Even the small claims courts have been twisted into collection agencies for finance companies and other retailers instead of being people's or consumer courts in effect: open in the evening, decentralized into neighborhoods, and staffed by lay advocates or advisers so that any citizen can walk in and have his simple claim adjudicated with justice and expeditiousness. If society cannot open the avenues for easy, prompt, and inexpensive use of the legal system to resolve complaints and to arbitrate disputes on the part of any citizen in the country, then clearly we have to focus on the qualitative organization of our economic system much more than we have; for in many ways the legal system is an economic subsystem, and whether one can get through

the door or not is heavily correlated with whether one can pay for that access.

Given this paradox of economic growth and the inadequate response to many present and anticipated human problems, how do we evaluate our government in Washington at the present time? It is difficult, actually, to overstate a critique. The problem is that we have in Washington the most corrupt, the most arrogant, the most lawless Administration in the history of the United States. What has been reported thus far by an enterprising press and the Congress is only the tip of the iceberg, of what indeed is yet to be reported and perhaps may never be disclosed. This is not corruption or lawlessness or arrogance of the usual Washington stripe which preceded the present Administration —and there was plenty of that. This raises these outrages to unprecedented levels of institutionalization. They have been systematically produced by a conscious ideology, perpetuated by a conscious political command post resting in the White House. This is a problem that makes us all bipartisan on at least one issue. And that is the issue of the accountability not just of government, but of the Presidency itself. That issue of accountability must be grounded in the facts that are now admitted or proved as follows: that the White House was used as a major command post for the commission of crimes in the suites and crimes in the streets. The more overt manifestations of these crimes involved massive strategies for burglaries.

It involved forging American public opinion prior to elections and then publicizing the result as if it were the spontaneous expression of American public opinion on such issues as the bombing at Haiphong. It involved forgeries. It involved the systematic sabotage of the campaigns of various candidates. It involved the successful sabotage of our national election. It meant the usurpation of the Constitution itself by the Executive Branch running roughshod over basic Congressional prerogatives such as the appropriation of funds and the responsibility to declare war. The Congress has the right to ratify treaties; the Executive Branch in effect ratifies its own treaties by engaging in "executive agreements" with foreign countries. Only the Con-

gress, under the Constitution, can reorganize the Executive Branch; instead, the White House has been reorganizing the Executive Branch and presenting it as a *fait accompli*. In the Congress the Senate is supposed to confirm appointments made by the President; the President has been appointing people and not even sending their names to the Congress. Statutory deadlines and explicit legal standards in many federal laws are flouted with systematic arrogance, whether they are auto safety law deadlines or civil rights deadlines. And perhaps above all we have witnessed a President who has said that he will bow before no grand jury questioning, will not appear before the courts, will not appear before the Congress over a matter that has implicated himself, his closest daily confidantes and advisers in the White House, and many of the major and most sensitive government agencies in the Executive Branch.

Quite apart from more farsighted and positive policies the American people certainly have a right to expect, perhaps it is the defense of this criminality which is most deplorable. The defense, of course, is ensconced in such phrases as "national security" and "patriotism" may bring forth for the refuge of scoundrels. One consequence of all this activity, naturally, is a massive neglect of what government should be doing and an increasing cynicism toward government throughout the country.

There is no alternative to many governmental functions in our society. There are many policies, such as health and safety standards, taxation, antitrust enforcement, and consumer protection, that cannot be engaged in by any other institutions because they are so crucial that they cannot be entrusted to any private interest. They have to be entrusted to a public interest in a responsive governmental performance. No one can calculate the loss of confidence, the loss of respect, and the alienation that people display toward our government. How can we restore it?

We restore it first by recognizing that the government is a mirror image of our lethargy. What has been going on in Washington and in state capitols could never have occurred if it were not for the wholesale abdication of involvement in community and state and national civic activities by so many people. It is good

to develop a theory of accountability that ascribes responsibility to those in power, but if we are going to develop a theory of change we have to ascribe the responsibility to those out of power, because those are the people who have to bring about that change.

Take the issue of social services, which have been the victims of a presidential strategy over the last few years that tried to turn Americans against the downtrodden. How does one counteract this fantastic and successful smear campaign waged against the modest distribution of public funds to the needy and now even extended to government support of public libraries? The Nixon Administration has, in fact, cut out the entire budget of some $139 million to support thousands of public libraries, oases of learning and enlightenment, especially for the disadvantaged, for those who have no other access to books and films, for students, and for citizens who want information to further their citizen causes in the community.

One way to illuminate the hypocrisy here is to take the offensive. Once a sector of our society is unjustifiably put on the defensive there will be no end to the aggression. The way to take the offensive is first to recognize what failings there are and in a political context propose the necessary changes. Second, shift the burden of explaining how the taxpayers' funds are being used to the shoulders of those who are devouring the bulk of those funds. Look at our tax dollar. The greatest welfare system in the United States is the corporate welfare system. For instance, the U.S. Treasury Department has been used as a transfer system, taking funds from Americans of lesser income and shoveling them into the corporate coffers of the defense industries, the oil industries, agri-business, and so forth. Corporate socialism is the fad in Washington today. It means that no large corporation has to go bankrupt any more—it can just go to Washington. It means that the corporations can tap the power centers in Congress for special tax privileges, otherwise known as big companies paying less taxes so that little people can pay more taxes. It means Standard Oil being categorized as a farmer in southern California in order to receive several hundred thou-

sand dollars of annual subsidy payments from the Department of Agriculture. It means the coal industry, gluttonous with profits but subsidized by the taxpayer for research and development. It means protection from the competition which would have reduced consumer prices by the oil industry, which has been announcing an energy shortage at the same time it has been opposing lifting the oil import quota to relieve that energy shortage.

It means, for instance, that the private utilities have been given a $25 billion handout in terms of nuclear power research and development, paid by the taxpayers, but the taxpayers are not even allowed to understand the risks of nuclear power plants because the government has not given them the information or the easy right to participate in licensing decisions. Washington is made up of many departments that can be classified as accounts receivable for big corporations. That is what the Department of Interior is for the oil industry. That is what the Department of Agriculture is for the big agri-business companies.

The entire corporate welfare budget in Washington runs well over $40 billion. This includes agri-business subsidies, tax privileges, inflated defense contracts, maritime subsidies, and patent monopolies. It includes many other direct and indirect ways of depreciating the value and the direction of the tax dollar for corporate enrichment. So any discussion about social welfare policy inescapably must include a discussion of corporate welfare policy. In that way the competition of the tax dollar is placed in fuller focus, and those who have secretly and powerfully seized so much of that tax dollar will have to be drawn into public debate and the Congressional analysis of tax expenditures.

People in the social welfare field should not permit any Administration to define the arena of permissible discussion. For there must be a broadening of that arena to include the corporate predators on the Treasury and the politicians who receive campaign funds in return for permitting this predatory activity. If we broaden the arena of discussion we broaden the base of power for a more just outcome. I hope that "corporate welfare" will become a household term.

The crisis of government needs to be given greater focus in

this context as well, in terms of where citizen action is today. The average worker will spend from January 1 to May 1 earning enough money to pay his taxes, and yet the average worker does not spend *one* day working on his or her government to make sure those taxes are wisely, justly, and humanely distributed. The average consumer will work several hundred hours to earn enough money to buy food, but the average consumer will not spend five hours learning how to buy food—what foods to avoid and how to maximize the economic and nutritional value of his purchases. And so it goes.

This means that by and large we have a very unbalanced allocation of our own time and energies. It means that most Americans spend the bulk of their working hours on the production side of the economy, including services as well as goods. And a grossly insufficient amount of time is spent on the consumption side, determining the issues of inflation, of fraud, of monopoly, of hazards that run through the insurance, the banking, the food, the auto, the housing, and many other industries. And if possible, even less time is spent on that other point of the triangle, government. The three great areas of human energy in an aggregate sense are production, consumption, and government. Very little time is allocated to the latter two.

In Washington there are no more than seventy full-time lawyers, scientists, and physicians monitoring and challenging and litigating and analyzing the processes of government for the public interest, and the whole function of response of government will not reach its potential unless we develop a new career role called "full-time citizenship." That does not mean just the usual exhortation. It means consciously asking ourselves as groups, such as the National Conference on Social Welfare, lawyers' groups, accountants' groups, teachers' groups, to what extent must we develop the requisite funding to support full-time citizen analysts and advocates pursuing the broader interests in our society. Almost every profession has a code of ethics which defines certain public interests that the profession is uniquely equipped to uphold, and yet most of its members are so in-

volved in their day-to-day activities that they do not have time to project the momentum of these ethics into actual policies.

How many public interest physicians are there, doctors who do not have patients, who are not occupied in servicing patients but in looking at the health insurance system, the operation of our hospitals, the allocation of our resources in these areas, in preventive medicine? There are not many. But unless every profession begins to support that new dimension of public interest advocacy and inquiry, we will simply go on as we have with people not addressing themselves to the larger issues to which they can contribute their experience or expertise. We have had enough experience in Washington to know what a handful of full-time citizens can do. You have read what Common Cause has done in campaign financing, litigation, and reform. You have heard what Consumer Advocates have been able to do on the Food and Drug Administration and on the Department of Transportation. Why? Because they are equipped with the facts and they work at the scene of the action full time; not beholden to any client, not at the behest of any client, but at the behest of their professional conscience. There are so many organizational restrictions and so many people are walking around with invisible chains that we do have to try consciously to provide an opportunity for at least a fraction of each profession to operate full time on furthering the public interest dimension.

Indeed, if this dimension is provided it can radiate back to the daily involvement of the majority of that profession and obtain the part-time help and encouragement, broaden the horizons, and develop a kind of optimistic assertiveness that problems can be solved structurally rather than pecked away piecemeal or not even being treated at all. For this to occur I have a number of suggestions.

First, we need a new philosophy of citizenship that calls for full-time roles for this kind of professional citizen action. This can be done in many ways. The government can provide some funds, as they have supported two thousand poverty lawyers under the Office of Economic Opportunity. There are often

strings attached, or insecurities, to that kind of operation. There are other ways too. Funds can be raised by public subscription. Common Cause, for example, and our group Public Citizen have been trying to raise funds from citizens all over the country. They can be raised by self-assesssment, which nearly five hundred thousand students in this country, unbeknownst to many people, are now doing, to support their full-time researchers and advocates. There are at the present time fifteen student public interest research groups in fifteen states staffed by full-time lawyers, scientists, and organizers, and people with other skills, directed by a student board of directors and funded by student assessments of anywhere from three to six dollars per year. The Oregon Student Public Interest Research Group and the Minnesota Student Public Interest Research Group are the two oldest. They are not even two years old yet, but they are virtually household words in those states. They have brought lawsuits; they have proposed legislation; they have produced investigative reports; they have been engaged in issues concerning consumers, tenants, poverty, prison reform, legislative reform. The Minnesota Group has a budget of $200 thousand completely from student self-assessment in colleges and universities throughout the state of Minnesota. By September of 1973 there should be twenty student public interest groups. A small one based in Trenton, New Jersey, is under way now with Rutgers students supporting it. It is only a small group, but it has done some rather significant things and it will do more as students from other colleges and universities support it.

Then there is the other way of supporting these full-time citizen groups, and that is by door-to-door solicitation. The Citizen Action Group in South Chicago has been exposing the steel mills in South Chicago which have been vastly underpaying their property taxes. They have documented on a plant-by-plant basis the underpayment of taxes in the millions of dollars by these gigantic mills and they have now become an increasing civic force in Chicago. They propose. They have press conferences. They make studies and they are entirely funded by young people's knocking on one door after another asking for one, two,

or three dollars from the residents of the community that this group is pledged to serve.

Citizen action also needs someone to look at it as a skill, not an avocation, something to do after work or if there is nothing else to do. Citizen action as a process of expertise is a highly important emphasis. For instance, we have found that a young, full-time citizen becomes 100 times more effective after a year or two because he has begun to learn the techniques of information acquisition, how to get information that is difficult to get. How to develop allies? How to get this information in forums that cannot be ignored by courts or legislative committees? How to develop the strategies and tactics of action? How to develop stamina? How to refuse to be discouraged? These are the kinds of quantitative and qualitative skills that are perfected. And I might say that while our country's expertise in citizen action is probably ahead of most countries', it still is about where physics was in the days of Archimedes. But given the tiny fraction of citizen initiatives that have been displayed in this country, given the really fantastic contributions that these tiny fractions have made, one can only look with considerable encouragement at what would occur if our citizen activity reached the level of just one percent of the population.

In Boston a group called Action on Children's Television is trying to deal with the dreadful food ads beamed toward children, making them crave soft drinks and succumb to the Frito-Lay syndrome and dulling the creativity of the child's mind and value system. This movement is spreading around the country. There are groups that have challenged various natural gas storage systems, dangerous nuclear power plants. There are groups in southern California fighting on the pollution issues. There are tax-reform groups. All of these are small, they do not boast four or five full-time people, and yet they are having an impact. They are raising thresholds of awareness and they are giving other people a sense of what really can be done. You have heard about the controversy over breakfast cereals and their lack of nutrition and their inflated prices. All of that occurred as a result of the efforts of one man in Washington, Robert Choate, a civil

engineer who decided to take on the breakfast food industry.
Perhaps what is needed is a recovery of nerve. This country was
not founded by any silent majority. It is not going to be fostered
by any silent majority. Anybody who admits to being a member
of the silent majority has resigned from democracy.

What we are seeing is an increasingly complex society, which
simply means that more people are affected by more things be-
yond their range of control alongside a lack of comparative, citi-
zen engagement and expertise to tackle the situation and make
this society just. Our model for citizen involvement goes back to
the old town meetings in New England when the citizens would
go down to their little town hall on the village green, constitute
themselves their own little legislature, decide the issues, and go
back to their farms and homesteads. In terms of the percentage
of people who were engaged in citizen self-government that
model has never been exceeded.

We must remember that although the over-all challenge tends
to overwhelm many people because most people cannot be inter-
ested in everything, nobody can be interested in everything. But
there are so many problems that we all can work on the problem
of our choice, the one that is attuned to our temperament, our
experience, our factual awareness.

One can call the last eight years in the environmental-con-
sumer area the great era of disclosure. The same holds true for
government corruption. We often think of the muckraking era
at the turn of the century. In total bulk there are more disclo-
sures coming out in six months today about how our society
really operates than came from those few stout reporters and
writers at the turn of the century. We have gone through the era
of great disclosure. What does that mean? It means that we
should be under fewer illusions about the deficiencies of the na-
tion. It means that we should be under fewer illusions that we
can continue to delegate or abdicate wholesale our responsibil-
ities to institutions of private and governmental power, and it
means that we have the facts on which to build a case of impas-
sioned and rational justice for change. This means that we have
to move now to the era of specific and massive citizen action, fo-

cused on real problems, on which there is a considerable community consensus.

Politicians of the more unscrupulous stripe have been succeeding in getting different income groups to fight each other rather than to focus on the unconscionable manipulators of power and wealth in the society. What is necessary is for the strategy of citizen action to be put down on paper so that if a person wants to do something about, let us say, local and state government obstruction of food stamp distribution, or the illegal underpayment of property taxes by oil, gas, coal, and commercial and industrial building interests, or the problems of unequal opportunity, consumer fraud, tax reform, or how to organize a citizen action group, there is somewhere to go to get these kinds of strategies.

This means we have to learn how to answer the toughest question in the country today: how can people be more effective citizens once they have decided to be? One way is to show people that they can be effective. The feeling that they can be effective often fuels the desire to be effective. Lethargy and apathy are often the functions of powerlessness, of the feeling that individuals don't count. This is the area that we are concentrating on at the present time, not only to help these students organize, not only to show that a citizen action group operating at local, state, and national levels requires full-time professional citizens, but because there needs to be a systematic advance of the expertise applied to citizen endeavor. Our organization, Public Citizen, is about to put out a book, *A Public Citizen's Action Manual.* This is a preliminary attempt to take about twenty-five problems such as housing, unequal opportunity, supermarket abuses, savings and loans, and so on. In ten, twenty, or thirty pages there is described how to get the information, how to develop strategies that work and will make this book obsolete within a year— which is the goal.

It stuns people to learn that there is an economic institution in our society that has $200 billion in assets that is supposed to be controlled by its customers—savings and loan associations. These are banks that lend money for housing. They are orga-

nized for the most part as cooperatives. That is, when you deposit fifty dollars in a savings and loan, you are in effect one of the owners. Unfortunately, if you do not read the fine print you will not realize that you have delegated your proxy to management. But in actual practice, if sufficient numbers of depositors in a savings and loan wanted to do it they could take over that savings and loan because they are in law the people who have the right to direct general policy. In many cities savings and loans take money from the city and lend it to build houses in the suburbs. And yet the depositiors neither know the techniques nor their rights, nor how to make these associations into truly functioning cooperative financial institutions.

We have to begin thinking along those lines. We have to question whether or not the consumer can ever have adequate bargaining power and adequate self-determination vis-à-vis gigantic manufacturers and chain retailers unless the consumer cooperative movement becomes a newly resurgent and constructive force. Thereby, consumers will organize their cooperatives and not only begin to develop a strong bargaining position for safer, more nutritious, healthier, higher quality, and better priced food products, but also will begin to determine what kind of products they want.

In Switzerland there is a major consumer cooperative called Migros which has 900 thousand members. It represents 25 percent of the entire retail food sales in Switzerland. It not only runs supermarkets, has its own banks and adult education schools, sells the cheapest auto insurance in Europe, operates book clubs, conducts athletic and cultural activities in which their members participate, is a very powerful bargaining tool vis-à-vis manufacturers and suppliers. It also has something else. By virtue of the vote of the members, for example, it has chosen not to sell tobacco products or alcohol. It does not permit the sale of milk in plastic bottles, because of the environmental and health hazards. In short, while it is not perfect, it gives us an idea of how consumers can organize not only to increase real incomes by decreasing inflated prices and improving quality but also by self-determining what they want to buy and under what

conditions, and by providing the members with all kinds of ancillary services.

I urge social workers to ponder whether there is not a need to support a new public interest dimension with full-time careers so that these larger questions can be inquired into. The alternatives that are open can be presented in the form of action programs with deadlines for pursuing and implementing them. Taking the offensive against government is the only way to make government operate in the public interest. In many ways we have the wealth, the talent, the technology, and the science, and some of the basic legal structure on which to build a much happier society. But it will not be done unless we define these objectives and unless we engage in the reallocation of our time so that more of our energies and efforts can move onto the consumption and onto the governmental arenas of our society to forward a higher quality of living and to bequeath something of value to future generations. Let it not be said by a succeeding, forlorn generation that we refused to give so little in order to accomplish so much. It all starts with that renewed involvement in citizen action combined with compassion to redistribute power and wealth so that ours may indeed be a society of the greatest good for the greatest number.

Appendix A: Program

Elizabeth Wickenden, The City University of New York
Arthur Silbergeld, Temple University Law School, Philadelphia

WHAT PRICE A BETTER TOMORROW?
Presiding: Maxine E. Phillips, Child Welfare League of America, New York
Speaker: Alfred J. Kahn, Columbia University, New York
Presentation of Distinguished Service Awards to Winslow Carlton and the National Council of Jewish Women
Sponsors: Combined Associate Groups

HUMAN LIBERATION
Panelists: Cesar Chavez, United Farm Workers, AFL-CIO, Keene, Calif.
Peterson Zah, Dinebeiina Nahiilna Be Agaditahe, Window Rock, Ariz.
Presentation of Distinguished Service Award to the Hon. James Charles Evers

A VIEW FROM THE CAPITOL
Invocationist: The Very Rev. Lloyd G. Chattin, Trenton, N.J.
Speaker: The Hon. Caspar W. Weinberger, HEW, Washington
Presentation of Distinguished Service Award to Joe R. Hoffer
Presentation of 50-year Awards

CITIZEN NADER AND THE PUBLIC INTEREST
Speaker: Ralph Nader, Washington

SECTION I: ECONOMIC INDEPENDENCE

THE POLITICS OF INCOME MAINTENANCE
Speaker: Richard Nathan, Brookings Institution, Washington
Discussant: Frances F. Piven, Boston University, Boston

SEPARATION AND CHAOS
Speaker: George Hoshino, University of Pennsylvania, Philadelphia

SOCIAL SECURITY: WHAT IT WAS MEANT TO BE
Speakers: J. Douglas Brown, Princeton University, Princeton, N.J.
I. S. Falk, Yale University, New Haven, Conn.

SOCIAL SECURITY: WHAT IT SHOULD BE
Speakers: Eveline M. Burns, Community Service Society of New York, New York
Wayne Vroman, HEW, Washington

INCOME MAINTENANCE AND MANPOWER
Speaker: William Haber, University of Michigan, Ann Arbor
Discussant: Leonard Goodwin, Brookings Institution, Washington

SPECIAL GROUPS IN INCOME MAINTENANCE
Speakers: Arthur Naparstek, Brandeis University, Waltham, Mass.
Thomas Glynn, Brandeis University, Waltham, Mass.
Inabel B. Lindsay, Howard University, Washington

HEALTH CARE FOR THE POOR—HOW?
Speakers: Howard Newman, HEW, Washington
Max Fine, Committee for National Health Insurance, Washington

FUNDAMENTAL ALTERNATIVES IN INCOME SUPPORT
Speaker: Norman V. Lourie, Pennsylvania Department of Public Welfare, Harrisburg
Discussant: Harold Watts, University of Wisconsin, Madison

REDISTRIBUTION VERSUS WELFARE
Speakers: Winifred Bell, New York University, New York
Martha Ozawa, New York University, New York

THE WORK ETHIC, MORALITY, AND WELFARE REFORM—
A JOINT SESSION OF INCOME MAINTENANCE
AND RESEARCH
Speaker: Genevieve W. Carter, University of Southern California, Los Angeles
Discussant: Arthur Spindler, Bethesda, Md.

WELFARE REFORM: A RUEFUL REVIEW
Speakers: Mitchell I. Ginsberg, Columbia University, New York
Michael Trister, Washington Research Project, Washington
Stephen Simonds, University of Maine, Portland

A CHILDREN'S TRUST FUND: A PROPOSAL TO ASSURE
THAT A FAIR SHARE OF NATIONAL REVENUES IS
EARMARKED EXCLUSIVELY FOR CHILDREN'S PROGRAMS
Speaker: Jule M. Sugarman, Human Resources Administration, New York

SECTION II: PROBLEMS OF EFFECTIVE FUNCTIONING

UNITED NATIONS ROLE IN INDUSTRIALIZED
SOCIAL WELFARE AND SERVICES
Speakers: Aida Gindy, United Nations, New York
Momoyo Ise, United Nations, New York
Discussant: Herman Stein, Case Western Reserve University, Cleveland

SOCIAL SERVICES IN CHINA AND IMPLICATIONS
FOR THE U.S.
Speaker: Ruth Sidel, Bronx, N.Y.
Discussant: Hubert E. Jones, Massachusetts Institute of Technology, Newton

WELFARE REPRESSION: NOW SOCIAL WORKERS CAN
FIGHT BACK
Speaker: Richard Cloward, Columbia University, New York

RADICAL ALTERNATIVES TO SHAPING THE FUTURE
OF THE AMERICAN CORRECTIONAL SYSTEM
> *Speaker:* Jerome Miller, Illinois Department of Children and Family Services, Springfield
> *Discussants:* David Rothenberg, Fortune Society, New York
> Robert Brown, Fortune Society, New York
> Charles Jackson, Fortune Society, New York

FROM INDIVIDUAL PSYCHOTHERAPY TO INTERGROUP
SURVIVAL—FUTURE APPLICATIONS FOR
MENTAL HEALTH
> *Speakers:* Roy W. Menninger, M.D., Menninger Foundation, Topeka, Kans.
> Alvin Green, Menninger Foundation, Topeka, Kans.

RADICAL PROPOSALS FOR NEW PATTERNS IN
CHILD REARING
> *Speakers:* Polly Greenberg, General Learning Corp., Washington
> Tom Levin, New York
> Janet Page, New York

A RADICAL APPROACH TO SHAPING THE FUTURE
OF ECONOMIC SECURITY
> *Speaker:* Richard Cloward, Columbia University, New York

SECTION III: SOCIAL ASPECTS OF HEALTH

SOCIETY AND ILLNESS: WRONGS AND RIGHTS; NATIONAL
SOCIAL POLICY
> *Speakers:* William B. Neser, Dr.P.H., Meharry Medical College, Nashville, Tenn.
> Sam Wolfe, M.D., Meharry Medical College, Nashville, Tenn.
> William Kissick, M.D., University of Pennsylvania, Philadelphia
> George S. Pepper, M.D., University of Pennsylvania, Philadelphia

PRISONERS' HEALTH RIGHTS
(Lindeman Memorial Lecture)
> *Speakers:* Frank Scheiger, New York City Department of Health
> Frank Pogue, M.D., Meharry Medical College, Nashville, Tenn. (Lindeman Lecturer)
> Donna Calane, Health Law Project, Philadelphia

WOMEN AND CHILDREN'S HEALTH IN CHINA
> *Speakers:* Effie O. Ellis, M.D., American Medical Association, Chicago
> Mrs. Ruth Sidel, Bronx, N.Y.
> Kay Fitts, Meharry Medical College, Nashville, Tenn.

NATIONAL HEALTH INSURANCE AND HEALTH
CARE DELIVERY
> *Speakers:* Melvin A. Glasser, International Union, United Automobile Workers of America, Detroit

Max Fine, Committee for National Health Insurance, Washington
Ardin Miller, American Public Health Association, New York
Howard Ennes, Equitable Life Assurance of the United States, New York

DRUG ABUSE AND ALCOHOLISM
Speaker: Jae Hill, Dede Wallace Center, Nashville, Tenn.

HEALTH CAREERS: AUDIO-VISUALS
Speaker: Leroy Swift, M.D., HEW, Bethesda, Md.

HEALTH MAINTENANCE ORGANIZATION
Speaker: John P. Myers, University of Kentucky, Lexington
Discussants: Bill Montgomery, University of Kentucky, Lexington
Bessie Draper, Office of Consumer Education, Rockville, Md.

HEALTH CARE FOR CHILDREN AND YOUTH:
WHAT YOUNG PEOPLE WANT
Speaker: Effie O. Ellis, M.D., American Medical Association, Chicago

HEALTH CARE FOR MINORITIES AND THE POOR
Speakers: Bill Montgomery, University of Pittsburgh, Pittsburgh
Lettie Galloway, Meharry Medical College, Nashville, Tenn.
Leticia Diaz, New York Medical College, New York

COMPREHENSIVE CARE, HEALTH DELIVERY AND
HEALTH CENTERS
Speakers: Dennis Carlson, M.D., Johns Hopkins University, Baltimore
Matthew J. Skinner, Boston University, Boston

SECTION IV: LEISURE-TIME NEEDS

CHANGING PATTERNS OF, AND ATTITUDES TOWARD,
WORK AND LEISURE
Speakers: Martha Reynolds, United Automobile Workers of America, Detroit
John J. Foley, Columbia University, New York

IMPACT OF NEW LEISURE ON EDUCATION,
RECREATION, AND SOCIAL WORK
Speakers: Richard G. Foley, University of New Haven, New Haven, Conn.
John J. Ryan, Police Athletic League, New York
Sister Constance Kozel, Misericordia College, Dallas, Pa.

WORKSHOP: USE OF TIME BY THE AGING
Speaker: Alexander P. Munro, National Institute of Senior Citizens Centers, Indianapolis
Discussion Group Leaders: Janet Sainer, Community Services Society of New York, New York
Inabel Lindsay, Howard University, Washington
Morris Cohen, HEW, Washington

IMPACT OF THE NEW LEISURE: THE REARRANGED
WORK WEEK
> *Speaker:* Kenneth E. Wheeler, Wheeler Associates, Lowell, Mass.

YOUTH CULTURE AND CHANGING ATTITUDES TOWARD
WORK AND LEISURE—IS THE FUTURE WITH US NOW?
> *Panelists:* Robert E. Lee, Monmouth and Brookdale Colleges, Orange, N.J.
> Jay Ogilvy, Yale University, New Haven, Conn.
> Hugo Martinez, City College, New York

> *SECTION V: PROVISION AND MANAGEMENT OF
> SOCIAL SERVICES*

CULTURAL INFLUENCES AND ETHNIC MINORITIES—
FOCUS: AMERICAN INDIANS
> *Speakers:* Joe Braswell, Inter-Tribal Council, Carson City, Nev.
> Robert Carr, National Indian Planning Project of Vermillion, S. Dak.

NEW DIRECTIONS IN PUBLIC SOCIAL SERVICE
> *Speakers:* Marvin L. Rosenberg, Case Western Reserve University,
> Cleveland
> Ralph Brody, *United Torch,* Cleveland

TAPPING A NATIONAL RESOURCE—OLDER
VOLUNTEERS
> *Speaker:* Mary M. Seguin, Case Western Reserve University, Cleveland
> *Discussant:* Bernard E. Nash, National Retired Teachers Association/American Association of Retired Persons, Washington

SOCIAL CHANGE: CONCEPTS FOR SOCIAL ACTION
> *Speakers:* The Rev. Bernard J. Coughlin, St. Louis University, St.
> Louis
> Shanti K. Khinduka, St. Louis University, St. Louis

WELFARE TECHNOCRACY AND THE DICTATORSHIP
OF TECHNIQUE
> *Speaker:* Murray Gruber, University of Michigan, Ann Arbor
> *Discussant:* Irwin Epstein, University of Michigan, Ann Arbor

ETHICS SHOCK: TECHNOLOGY, LIFE STYLES,
AND FUTURE PRACTICE
> *Speakers:* Sonia Abels, Cleveland State University, Cleveland
> Paul Abels, Case Western Reserve University, Cleveland

BILINGUAL-BICULTURAL SERVICE DELIVERY
MODEL
> *Speakers:* Mrs. Guadalupe Gibson, Our Lady of the Lake College, San
> Antonio, Texas
> Yolanda Santos, Our Lady of the Lake College, San Antonio, Texas
> Manuel Fimbres, California State University, San Jose

COMPUTER-ASSISTED ASSESSMENT AND MODIFICATION:
POSSIBILITIES AND ILLUSTRATIVE DATA
Speakers: Edwin J. Thomas, University of Michigan, Ann Arbor
Claude L. Walter, University of Michigan, Ann Arbor
Paul Abels, Case Western Reserve University, Cleveland

JUSTICE VERSUS TREATMENT
Speakers: Joyce Spencer, Case Western Reserve University, Cleveland
Jan Felixson, Jewish Community Center, Cleveland

DEVELOPING STRATEGIES FOR ORGANIZATIONAL
DEVELOPMENT
Speakers: Serapio R. Zalba, Cleveland State University, Cleveland
Leonard Hirsch, Danzeg-Nevia Associates, Shaker Heights, Ohio

SOCIATROGENIC DYSFUNCTIONS AND SOCIAL WORK
AS A HELPING(?) PROFESSION
Speakers: John A. Slosar, Jr., St. Louis University, St. Louis
Peter C. Loeb, St. Louis University, St. Louis

WEDDING SYSTEMS THEORY AND MANAGEMENT BY
OBJECTIVES FOR MORE EFFECTIVE ADMINISTRATION
OF SOCIAL SERVICE ORGANIZATIONS
Speaker: Michael J. Murphy, Case Western Reserve University, Cleveland

BETTER CLIENT UNDERSTANDING THROUGH
MARKETING APPROACHES
Workshop Leader: Eugene H. Fram, Rochester Institute of Technology, Rochester, N.Y.

THE USE OF RESEARCH-BASED INFORMATION FOR
PLANNING AND DECISION-MAKING IN HUMAN SERVICE
ORGANIZATIONS—Workshop
Speakers: Gregory M. St. L. O'Brien, Case Western Reserve University, Cleveland
Thomas P. Holland, Case Western Reserve University, Cleveland
Allan L. Service, Case Western University, Cleveland

SECTION VI: SOCIETAL PROBLEMS

EDUCATION AMIDST THE CRISES IN TODAY'S
AMERICAN COMMUNITIES
Speaker: Kenneth Haskins, Harvard University, Cambridge, Mass.
Discussant: H. Frederick Brown, University of Illinois at Chicago

REMAKING AMERICA'S CITIES: FISCAL AND
POLITICAL REALITIES
Speakers: William J. Kaufmann, National Urban Coalition, Washington
Samuel C. Jackson, Washington

IMPACT OF RACE RELATIONS EDUCATION IN U.S. ARMED FORCES
Speaker: Richard O. Hope, Patrick Air Force Base, Fla.
Discussant: James R. Dumpson, Fordham University, New York

A QUALITY EDUCATION FOR EVERYBODY IN A CHANGING SOCIETY
Speaker: Martin Deutsch, New York University, New York
Discussant: John Naisbett, Urban Research Corporation, Chicago

THE RIGHTS OF THE MENTALLY ILL
Panelists: Mrs. Susan Budd, Kansas City, Kans.
Louis Frydman, University of Kansas, Lawrence
Caroline Steele, Florida State University, Tallahassee

AUTHORS' FORUM

AGING
Speakers: Jordan I. Kosberg, California State University, Northridge
Phyllis R. Miller, University of Maryland, Baltimore
Leon M. Woolf, Metropolitan Senior Citizens Center, Baltimore (coauthor, Richard Sterne)

EDUCATION
Speakers: Sylvia R. Jacobson, Florida State University, Tallahassee
Lora Liss, Fairleigh Dickinson University, Teaneck, N.J.
John P. Myers, University of Kentucky, Lexington
J. R. Pearman, Florida State University, Tallahassee

CHILDREN AND FAMILY
Speakers: Ronald A. Feldman, Washington University, St. Louis
Philip K. Jensen, Drew University, Madison, N.J. (James M. O'Kane, coauthor)
George Thomas, University of Georgia, Athens

DRUG ADDICTION
Speakers: Jack A. Davis, Veterans Administration Hospital, New Orleans
Wayne D. Duehn, University of Texas, Arlington (Colleen Shannon, coauthor)
James M. O'Kane, Drew University, Madison, N.J. (James W. Mills, coauthor)
Mrs. Harriet Goldstein, Association for Jewish Children, Philadelphia

SOCIAL WORK ADMINISTRATION
Speakers: Paul Abels, Case Western Reserve University, Cleveland
Mildred Cater Bradham, Florida State University, Tallahassee
The Rev. Henry F. Madigan, the Church of Saints Peter and Paul, Camden, N.J.
Richard Sterne, University of Minnesota, Minneapolis

SPECIAL INTEREST GROUPS

Speakers: H. Frederick Brown, University of Illinois at Chicago
Joanne E. Hurst, Concerned Black Parents of Lawrence, Kans.
Thomas J. Powell, University of Michigan, Ann Arbor (Paul H. Glasser, coauthor)
John S. Wodarski, Washington University, St. Louis

CORRECTIONS

Speakers: John A. Byles, McMaster University, Hamilton, Ont., Canada
John P. Myers, University of Kentucky, Lexington
John Stoeckel, Volunteer Court Services of Hennepin County, Minneapolis (Richard Sterne, coauthor)

HEALTH AND MENTAL HEALTH

Speakers: Brendan F. Murphy, Veterans Administration Hospital, Coatsville, Pa. (Andrea Boxer, coauthor)
Rosalynde K. Soble, University of Maryland, Baltimore (Harris Chaiklin, coauthor)
Cordell M. Thomas, Temple University, Philadelphia
Thomas L. Woods, University of Chicago, Chicago

SOCIAL POLICY AND ACTION

Speakers: Andrij Masiuk, Bryn Mawr College, Bryn Mawr, Pa.
Howard A. Palley, University of Maryland, Baltimore
Mrs. Marian L. Palley, University of Delaware, Newark (Howard A. Palley, coauthor)
Jack S. Sternbach, University of Pennsylvania, Philadelphia

SOCIAL WORK PRACTICE

Speakers: Robert Chazin, Fordham University, New York
Harris Chaiklin, University of Maryland, Baltimore

ASSOCIATE GROUPS

ALLIANCE OF INFORMATION AND REFERRAL SYSTEMS

INFORMATION AND REFERRAL ROUNDTABLE:

INTERESTED PARTIES AND INTERESTING PROSPECTS

Speakers: Thomas C. Parrott, Social Security Administration, Baltimore
John J. McManus, American Federation of Labor and Congress of Industrial Organization, Washington
Bea Fitzpatrick, Research Association of New York, New York
Walter Curley, Cleveland Public Library
Alfred J. Kahn, Columbia University, New York

AMERICAN NATIONAL RED CROSS

AGENCY COLLABORATION IN PLANNING AND SERVICE

Work-Group Leaders: Charles Winick, American Social Health Association, New York

James Cox, People's Community Services of Metropolitan Detroit

Gordon Manser, National Assembly for Social Policy and Development, New York

Recorder/Reporters: Brigadier Mary Verner, Salvation Army, New York

Melvin Jackson, Veterans Administration, Washington

John McGowan, American National Red Cross, Washington

AMERICAN PUBLIC WELFARE ASSOCIATION

INTERSTATE COMPACT ON THE PLACEMENT OF
CHILDREN: A STEP TOWARD REMOVING
OBSTACLES TO INTERSTATE PLACEMENTS

Speakers: Brendan V. Callanan, American Public Welfare Association, Washington

Mrs. Roberta Hunt, Child Welfare League of America, New York

ISSUES IN PUBLIC SOCIAL SERVICES:
THE CHALLENGE AHEAD

Speakers: Edward T. Weaver, Booz-Allen Public Administration Service, Washington

Mrs. Irene F. Pernsley, Pennsylvania Department of Public Welfare, Philadelphia

FEDERALIZATION OF THE ADULT PUBLIC
ASSISTANCE PROGRAMS: THE SUPPLEMENTAL
SECURITY INCOME PROGRAM

Speakers: Sumner G. Whittier, HEW, Baltimore

James A. Vidmar, HEW, Baltimore

ARMY COMMUNITY SERVICES

SERVICES TO GEOGRAPHICAL MOBILE FAMILIES

Speakers: Lt. Curtman M. Bramble, Army Community Services, Fort Lewis, Wash.

Eloise B. Waite, American National Red Cross, Washington

ASSOCIATION OF AMERICAN INDIAN SOCIAL WORKERS

A CENTURY OF SOCIAL SERVICES TO
AMERICAN INDIANS

Speakers: Evelyn L. Blanchard, Association of American Indian Social Workers, Albuquerque, N. Mex.

Robert Carr, National Indian Planning Project of Vermillion, S. Dak.

Sol Bird Mockicin, Augustana College, Sioux Falls, S. Dak.

ASSOCIATION OF PUERTO RICAN SOCIAL SERVICE WORKERS

PUERTO RICAN ISSUES AND POLICIES IN
SOCIAL WELFARE

Speakers: The Hon. Elisa Diaz Gonzalez, Commonwealth of Puerto Rico, San Jaun

Anthony Santiago, Catholic Charities, Bronx, N.Y.
Letty Santiago, ASPIRA of America, New York

ASSOCIATION OF VOLUNTEER BUREAUS

ARE VOLUNTEERS NECESSARY?
Speakers: David Andrews, Y.M.—Y.W.H.A. of Ontario, Canada, Willowdale
C. F. McNeil, New York

THE ROLE OF THE CITIZEN ADVOCATE
Speakers: Sanford Kravitz, State University of New York, Stony Brook
John K. Frank, Jr., Pennsylvania Department of Public Welfare, Harrisburg
Angell Keene, Fellowship Commission of Philadelphia
Michael Blum, Nationalities Service Center, Philadelphia

HOW TO INVOLVE BUSINESS AND LABOR
IN VOLUNTARISM
Speakers: Ellsworth Culver, Involvement Corps, Palo Alto, Calif.
Vinton Hoey, Exxon Corporation, New York
Charles R. Hollowell, National Center for Voluntary Action, Washington

A NATIONAL SOCIAL REPORT: IS IT NECESSARY?
IS IT FEASIBLE?
Speaker: John I. Maloney, National Assembly for Social Policy and Development, New York
Discussants: Mancur Olson, University of Maryland, College Park
Elliott R. Morss, Washington

MANAGEMENT SKILLS FOR BOARDS AND EXECUTIVES
Speakers: Walter L. Balk, State University of New York, Albany
Donald Traunstein, State University of New York, Albany

VOLUNTEERISM AND HIGHER EDUCATION
Panelists: Sister Kathleen Gillespie, St. Joseph's College, Philadelphia
Warren Galbreath, Opportunities Industrialization Center, Philadelphia
Susan Ellis, Common Pleas Court of Philadelphia, Philadelphia
The Rev. Edward J. Brady, St. Joseph's College, Philadelphia
James A. Borbely, St. Joseph's College, Philadelphia

AUSTIN TRAVIS COUNTY, TEXAS, MENTAL HEALTH—RETARDATION CENTER

EVERYTHING YOU ALWAYS WANTED TO KNOW
ABOUT VOLUNTEER PROGRAMS AND MULTIMEDIA
TECHNIQUES BUT WERE AFRAID TO ASK
Workshop Leaders: Allen Danziger, Mental Retardation Center, Austin, Texas
Larry Moffit, Mental Retardation Center, Austin, Texas

CHILD WELFARE LEAGUE OF AMERICA

100 YEARS IN RETROSPECT: STABILIZING
THE PENDULUM IN CHILD WELFARE
> *Speakers:* Trude Lash, Foundation for Child Development, New York
> Milton Senn, M.D., Southbury, Conn.
> Delores Taylor, Child and Family Services, Hartford, Conn.

ACHIEVING HIGH-QUALITY CHILD LIFE
> *Speaker:* Effie O. Ellis, M.D., American Medical Association, Chicago

DIRECTIONS FOR THE FUTURE IN PROVIDING
FOR HIGH-QUALITY CHILD LIFE
> *Speakers:* Mary E. Reistroffer, University of Wisconsin Extension, Milwaukee
> Leontine R. Young, Child Service Association, Newark, N.J.

STRATEGIES FOR SURVIVAL FOR BLACK CHILDREN
> *Speaker:* Andrew Billingsley, Howard University, Washington
> *Workshop Leaders:* John C. Purnell, Jr., Friends' Association for Children, Richmond, Va.
> Loyce Bynum, Spence–Chapin Adoption Service, New York
> Howard Prunty, Western Psychiatric Institute, Pittsburgh, Pa.

STRATEGIES FOR SURVIVAL FOR BLACK CHILDREN:
IN THE HOME AND COMMUNITY
> *Workshop Leaders:* Wetonah B. Jones, Children's Service, Philadelphia
> T. George Silcott, Wiltwyck School for Boys, New York
> *Panelists:* Lewis A. White, Lawrence E. Jones, Arnold MacNeal, Edward Coker, and Mary Redd, Wiltwyck School for Boys, New York

COUNCIL ON SOCIAL WORK EDUCATION

A HISTORICAL PERSPECTIVE ON WOMEN'S ROLE IN
PROFESSIONAL EDUCATION AND PRACTICE
> *Speakers:* Jeanne Giovannoni, University of California at Los Angeles
> Margaret Purvine, Council on Social Work Education, New York

NEW DEVELOPMENTS IN SOCIAL WORK EDUCATION
AT THE BACCALAUREATE AND MASTER'S LEVEL:
IMPLICATIONS FOR PRACTICE
> *Speaker:* Phyllis Rochelle, California State University, San Francisco
> *Discussant:* Maurice V. Russell, M.D., Albert Einstein College of Medicine, Bronx, N.Y.

TWO MODES OF SOCIAL WORK PRACTICE:
IMPLICATIONS FOR EDUCATION
> *Speakers:* The Rev. Joseph M. Sullivan, Catholic Charities Diocese of Brooklyn, Brooklyn, N.Y.
> Wilda J. Dailey, Family Service Bureau of United Charities of Chicago
> *Discussant:* Joseph L. Vigilante, Adelphi University, Garden City, N.Y.

BLACK HERITAGE IN SOCIAL WELFARE: SURVIVAL
AND ADAPTATION TO SPECIFIC CONDITIONS,
1861–1930
> *Speaker:* Edyth Ross, Atlanta University, Atlanta, Ga.
> *Discussant:* Inabel Lindsay, Howard University, Washington

FAMILY SERVICE ASSOCIATION OF AMERICA

A SEARCH FOR CRITERIA FOR PLANNED SHORT-TERM
TREATMENT WITH FAMILY AGENCY CLIENTS
> *Speaker:* Mrs. Brenda J. S. Wattie, Family Service Centre of Ottawa,
> Canada
> *Discussant:* William J. Reid, University of Chicago, Chicago

NEW FAMILY FORMS
> *Speaker:* Catherine S. Chilman, University of Wisconsin, Milwaukee
> *Reactors:* Mrs. Marjorie Bottimore, Family Service/Travelers Aid, Nor-
> folk, Va.
> Salvatore Ambrosino, Family Service Association of Nassau County,
> Mineola, N.Y.

FLORENCE CRITTENTON ASSOCIATION OF AMERICA

RESPONSIBLE PARENTHOOD: CAN SINGLE
TEENAGERS ACHIEVE IT?
> *Speakers:* Agnes Trinchero, Florence Crittenton Home and Services,
> San Francisco
> Mrs. Emily Palmer, Lula Belle Stewart Center, Detroit
> Virginia Insley, HEW, Rockville, Md.

INTERNATIONAL UNION, UNITED AUTOMOBILE, AEROSPACE AND AGRICULTURAL
IMPLEMENT WORKERS OF AMERICA

WORKER PARTICIPATION IN DECISION-MAKING
(Walter P. Reuther Memorial Lecture)
> *Speaker:* Irving Bluestone, International Union, United Automobile
> Workers of America, Detroit

THE YOUTHFUL OFFENDER
> *Speaker:* Milton G. Rector, National Council on Crime and Delin-
> quency, New York

ALCOHOLISM AND DRUG ABUSE IN THE WORK PLACE
> *Panelists:* George C. Dimas, National Council on Alcoholism, New
> York
> Charles Winick, American Social Health Association, New York
> Pat Greathouse, International Union, United Automobile Workers of
> America, Detroit
> Don Godwin, HEW, Rockville, Md.

THE PROS AND CONS OF INVOLVING STATE
CONFERENCES IN STATE LEGISLATION

Speaker: Maurice P. Beck, Michigan League for Human Services, Lansing

Discussant: Thane Griffin, Ohio Citizen's Council, Columbus

THE PROS AND CONS OF HAVING STATE CONFERENCES

Panelists: Diane Ahrens, Minnesota Welfare Association, St. Paul
Jule Johnson, Illinois Welfare Association, Springfield
James Wimberly, Texas United Community Services, Austin

PUBLIC HOUSING AND PUBLIC WELFARE

Speakers: Harold M. Booth, Jr., Housing Authority of Louisville, Ky.
Troy Chapman, Housing Authority of Wilmington, Del.
Gordon Cavanaugh, Housing Assistance Council, Washington
Jesse Gray, National Tenants' Organization, New York
Mrs. Helena S. Hicks, Department of Housing and Community Development, Baltimore

FAMILY COUNSELOR: SOCIAL WORK PRACTICE
ON TELEVISION

Speakers: Tom Thompson, National Association of Social Workers, Washington
Don Azars, Baltimore

SOCIAL WORKERS: WHO, WHAT, WHERE, AND
HOW MUCH?

Speakers: Grant Loavenbruck, National Association of Social Workers, Washington
Jean Szaloczi Fine, HEW, Washington

SOCIAL WORK PRACTICE: ACCOUNTABLE TO WHOM?

Speakers: Maryann Mahaffey, Wayne State University, Detroit
Anthony J. Agostinelli, Rhode Island College, Providence
Mrs. Barbara F. Stovall, Southside Settlement, Columbus, Ohio

STANDARDS FOR SERVICE DELIVERY: A ROLE FOR
THE PROFESSION IN EVALUATING AGENCIES

Speaker: Norris E. Class, University of Southern California, Los Angeles

THE SOCIAL WORK ROLE IN TRAINING ANCILLARY
HEALTH AND MENTAL HEALTH PROFESSIONALS

Speakers: Marianne Walter, Philadelphia Child Guidance Clinic, Philadelphia
Rae Weiner, Philadelphia Child Guidance Clinic

SHAPING A FUTURE FOR SOCIAL WORK
  Speakers: Paul Abels, Case Western Reserve University, Cleveland
  Jule Mondschein, Denver University, Denver

USE OF THE ADJUDICATION PROCESS TO IMPROVE
AGENCY AND PROFESSIONAL PRACTICE
  Speakers: Harry Butler, University of Cincinnati, Cincinnati
  Ernest Barbeau, Northern Kentucky Health and Welfare Planning
  Council, Covington

BEYOND RACISM WHAT? WHAT BINDS US?
FOCUS ON WOMEN
  Panelists: Winona C. Banister, YWCA, Warren, N.J.
  Ruth W. Corcoran, Rochester, N.Y.
  Judith Herman, American Jewish Committee National Project on Eth-
  nic America, New York
  Mildred Morrison, Pittsburgh YWCA
  Mary Sansone, Congress of Italian-American Organizations, New York

NASW OPEN MEMBERSHIP MEETING: FACING
THE THREAT TO SOCIAL SERVICES
  Speakers: Mitchell I. Ginsberg, Columbia University, New York
  Lorenzo Traylor, U.S. Equal Employment Opportunity Commission,
  Los Angeles
  Chauncey A. Alexander, National Association of Social Workers, Wash-
  ington

EMERGING TRENDS IN HIGHER EDUCATION
FOR MINORITIES
(Whitney M. Young, Jr., Memorial Lecture)
  Speaker: Rembert E. Stokes, Wilberforce University, Wilberforce, Ohio

DEVELOPING ACTION STRATEGIES TO DEAL WITH
THE CUTBACKS IN SOCIAL SERVICE
  Speakers: Glenn Allison, National Association of Social Workers,
  Washington
  Paul Keys, National Association of Social Workers, Washington
  Virginia Cooke, National Association of Social Workers, Washington

PRIVATE PRACTICE IN SOCIAL WORK
  Speakers: Sherman Merle, State University of New York, Buffalo
  Gerald N. Beallor, Montefiore Hospital and Medical Center, New York
  Herbert Strean, Rutgers University, New Brunswick, N.J.
  Estelle Gabriel, National Association of Social Workers Council on Pri-
  vate Practice and Private Practitioner, Chicago

SPOTLIGHT ON WAR AND PEACE: ARE VIETNAMS
INEVITABLE? WHAT ROLE FOR SOCIAL WORKERS?
  Speaker: Don Luce, Indo-China Mobile Educational Project

Discussant: Fred Johnson, Human Resources Administration, New York

NATIONAL CENTER FOR VOLUNTARY ACTION

THE EXCEPTIONAL VOLUNTEER
Panelists: Doris Sausser, American Foundation for the Blind, New York
Susanne Wynkoop, Bergen County Easter Seal Committee, Hackensack, N.J.
Mrs. Vee Tinnin, National Center for Voluntary Action, Washington

PRIVATE PEOPLE AND PUBLIC PROGRAMS
Panelists: Lora G. Buckingham, National Center for Voluntary Action, Washington
Patrick Accardi, National Center for Voluntary Action, Washington
Saralei M. Farner, National Center for Voluntary Action, Washington
Discussion Leader: David Jeffreys, National Center for Voluntary Action, Washington

THE INDEPENDENT SECTOR, ITS DIMENSIONS,
ITS PROBLEMS, ITS FUTURE
Speaker: Richard Cornuelle, New York

NATIONAL COMMITTEE ON EMPLOYMENT OF YOUTH

WORKER ALIENATION AND SOCIAL POLICY
IN THE 1970s
Speakers: Martin Hamburger, New York University, New York
Hyman J. Weiner, Columbia University, New York

NATIONAL COUNCIL FOR HOMEMAKER-HOME HEALTH AIDE SERVICES

OUR FUTURE, AS REFLECTED IN FEDERAL LAW
AND POLICY
Speaker: Glenn Allison, National Association of Social Workers, Washington

THE FUTURE OF HOMEMAKER–HOME HEALTH AIDE
SERVICE AS REFLECTED IN PROGRAM
Speakers: Kenneth D. Wickham, Community Services of Pennsylvania, Harrisburg
Eleanor Maguire, Homemaker Service of Delaware County, Media, Pa.

NATIONAL COUNCIL OF CHURCHES OF CHRIST IN
THE U.S.A.—COMMITTEE ON SOCIAL WELFARE

STRENGTHENING THE UNITED WAY MOVEMENT:
CURRENT ISSUES AND PRINCIPLES
Speakers: Charles Zibbell, Council of Jewish Federations and Welfare Funds, New York
Paul Akana, United Way of America, Alexandria, Va.

Brig. W. Kenneth Wheatley, Salvation Army, New York

The Rev. Msgr. Lawrence J. Corcoran, National Conference of Catholic Charities, Washington

NATIONAL COUNCIL OF JEWISH WOMEN

JUSTICE FOR CHILDREN: USING VOLUNTEERS TO HELP YOUNG PEOPLE IN TROUBLE WITH THE LAW

Speakers: Keith J. Leenhouts, National Council on Crime and Delinquency, Royal Oak, Mich.

Ernest V. Shelley, Juvenile Court, Lansing, Mich.

Lois Whitman, National Council of Jewish Women, New York

NATIONAL COUNCIL ON ALCOHOLISM

ALCOHOLISM: TRAINING OR TREATING?

Speaker: Mrs. Bernice Shepard, National Council on Alcoholism, New York

NATIONAL COUNCIL ON CRIME AND DELINQUENCY

THE DEMISE OF THE CORRECTIONAL INSTITUTION

Speakers: Evans Tracy, Department of Child Welfare, Frankfort, Ky.

Jerome Miller, Illinois Department of Children and Family Services, Springfield

The Rev. Quinton Helline, Waupun, Wis.

NATIONAL COUNCIL ON THE AGING

ISSUES IMPLICIT IN THE 1973 AMENDMENTS TO THE OLDER AMERICANS ACT

Speaker: Byron Gold, White House Conference on Aging, Washington

NEW PATTERNS OF FAMILY LIFE

Panelists: Sylvia Clavan, St. Josephs College, Philadelphia

Harold Feldman, Cornell University, Ithaca, N.Y.

Margaret E. Feldman, Ithaca College, Ithaca, N.Y.

Sue Gifford, Cornell University, Ithaca, N.Y.

Mrs. Geneva Mathiasen, Woodside, N.Y.

NATIONAL FEDERATION OF SETTLEMENTS AND NEIGHBORHOOD CENTERS

A CAREER LADDER PROGRAM, SETTLEMENT STYLE

Speaker: Sharon Rickert, Greater Cleveland Neighborhood Centers Association

Discussant: Elizabeth Lewis, University of West Virginia, Morgantown

THE SETTLEMENT APPROACH TO DRUG ABUSE AND PREVENTION

Speakers: Joseph E. Jenkins, United Neighborhood Houses of New York, New York

Peter Wlochowski, Hartford Neighborhood Centers, Hartford, Conn.

TEEN STRUGGLE TO CROSS THE BARRIERS OF
RACE, CLASS, SEX, AND AGE
Panelists: Sherri Thompson, South Side Settlement House, Columbus,
Ohio
Gary Arnold, South Side Settlement House, Columbus, Ohio
Delena Edwards, South Side Settlement House, Columbus, Ohio
Mike Bopp, South Side Settlement House, Columbus, Ohio

COMMUNITY NEWSPAPERS PROMOTE COMMUNITY
ACTION AND PRIDE
Panelists: Ralph Morris, Progress Association for Economic Develop-
ment, Wilmington, Del.
William H. Whitaker, South Side Settlement House, Columbus, Ohio

STRAINS OF SUPERVISION FROM THE
STUDENTS' PERSPECTIVE
Speakers: Aaron Rosenblatt, Bronx State Hospital, Bronx, N.Y.
John E. Mayer, Bronx State Hospital, Bronx, N.Y.
Discussants: Lynda Gray, National Federation of Student Social Work-
ers, Richmond, Va.
Diane Waldfogel, Simmons College, Boston

NATIONAL LEGAL AID AND DEFENDER ASSOCIATION

CHANGE THROUGH PEACEFUL CHALLENGE—A REVIEW OF
CURRENT LITIGATION AND DECISIONS ON
WELFARE RIGHTS
Panelists: Henry Freedman, Center on Social Welfare Policy and Law,
New York
Steven J. Cole, Center on Social Welfare Policy and Law, New York

NATIONAL RETIRED TEACHERS ASSOCIATION/
AMERICAN ASSOCIATION OF RETIRED PERSONS

A STUDY OF COST-BENEFITS IN A SOCIAL
SERVICE PROGRAM
Speakers: Christopher M. Mould, Office of Domestic and Antipoverty
Operations, Washington
Charles J. Spell, Sunland Training Center, Ft. Myers, Fla.

INCOME FOR THE ELDERLY
Speakers: William L. Mitchell, National Retired Teachers Association/
American Association of Retired Persons, Washington
Eleanor Bader, Social Security Administration, Baltimore
Michael Schoenberger, Senate Committee on Labor and Public Wel-
fare, Washington

CRIME AS IT AFFECTS THE ELDERLY
Speaker: The Hon. Peter M. Mocco, North Bergen, N.J.
Panelists: Wilbur Rykert, University of Louisville, Louisville, Ky.
Carl L. Cunningham, Midwest Research Institute, Kansas City, Mo.

Earl Drescher, Executive Protective Service, the White House, Washington

HEALTH CARE FOR THE ELDERLY
Speakers: Dr. Stanley Brody, University of Pennsylvania, Philadelphia
Frank Zelenka, Group Health Association of America, Washington

PLANNED PARENTHOOD—WORLD POPULATION

PROVIDING COMPREHENSIVE FAMILY PLANNING
SERVICES WITHIN A TOTAL HEALTH CARE PACKAGE
Speakers: Jane Johnson, Planned Parenthood of New York
Adelaide Jacquet, Family Planning Resources Center, Brooklyn, N.Y.

THE SALVATION ARMY

CHANGE AND ADAPTABILITY
Speakers: Rex H. Knowles, Centre College of Kentucky, Danville
Lt. Col. Pearl Norberg, Salvation Army, Chicago

WHERE THE ACTION IS
Speakers: Capt. Judy Moore, Salvation Army, Atlanta, Ga.
Brig. Elizabeth Peacocke, Salvation Army, Toronto, Ont., Canada

TRAVELERS AID—INTERNATIONAL SOCIAL SERVICE

REFLECTIONS ON UNUSUAL ADOPTIONS
Speakers: Mrs. Eva Kelley, TAISSA, New York
Mrs. Arlene Nash, Child Welfare League of America, New York
Discussant: Roger W. Toogood, Minnesota Children's Home Society, St. Paul

HOW TO DEVELOP AFTER-HOUR SERVICES AND
TEMPORARY RESIDENTIAL FACILITIES FOR
RUNAWAYS AND YOUTH
Speakers: Marjorie Montelius, Travelers Aid Society of San Francisco
Mrs. Florence Saks, Grand Central Terminal Travelers Aid Society of New York
Discussant: Ralph B. Tefferteller, Travelers Aid Society of Boston

VETERANS ADMINISTRATION

REACHING THE VIETNAM-ERA VETERAN
Panelists: Claire R. Lustman, Veterans Administration Central Office, Washington
David L. Anderson, Veterans Administration Central Office, Washington

THE PROBLEM-ORIENTED RECORD: A TOOL FOR
COMPREHENSIVE CARE AND MULTIDISCIPLINARY
COMMUNICATION
Panelists: John R. Reida, Veterans Administration Central Office, Washington

Mrs. Eleanor H. Kyle, Veterans Administration Central Office, Washington

GAMES AGENCIES PLAY

GAMING AND SIMULATIONS AS TOOLS FOR SOCIAL CHANGE
Panelists: William Lawrence, University of Michigan, Ann Arbor
Stanley Blostein, University of Kentucky, Lexington
Lorraine Perry, University of Michigan, Ann Arbor
Roger Mills, University of Michigan, Ann Arbor

WORKSHOPS

COMPACTS: COMMUNITY ACTION AND PLANNING SIMULATION
Game Leaders: Marvin Berman, University of Michigan, Ann Arbor
Vivian Green, University of Michigan, Ann Arbor

COMMUNITY DISPUTES: FOCUS ON RACIAL CONFRONTATIONS
Game Leader: Armand Lauffer, University of Michigan, Ann Arbor

REHABILITATION PLANNING GAME
Game Leaders: Glen Tarrant, Michigan Vocational Rehabilitation Service, Lansing
Robert Horvat, Michigan Vocational Rehabilitation Service, Lansing

THE LOBBYING GAME
Game Leaders: Stanley Blostein, University of Kentucky, Lexington
David Williams, University of Maine, Portland

CONTINUING EDUCATION PROGRAMMING SIMULATION
Game Leader: Lorraine Perry, University of Michigan, Ann Arbor

MUCH ADO ABOUT MARBLES (ECONOMIC AND INDUSTRIAL FOCUS)
Game Leader: Douglas Johnson, University of Michigan, Ann Arbor

AREA PLANNING FOR THE AGING
Game Leaders: Roger Mills, University of Michigan, Ann Arbor
William Lawrence, University of Michigan, Ann Arbor

COMMUNITY DISPUTES: STRIKE AT THE WELFARE AGENCY
Game Leader: Armand Lauffer, University of Michigan, Ann Arbor

MUCH ADO ABOUT MARBLES (WELFARE AND JOB TRAINING FOCUS)
Game Leader: Douglas Johnson, University of Michigan, Ann Arbor

THE INTERAGENCY COORDINATION GAME
Game Leaders: Glen Tarrant, Michigan Vocational Rehabilitation Service, Lansing
Robert Horvat, Michigan Vocational Rehabilitation Service, Lansing

NCSW AUDIO-VISUAL COMMITTEE

FAMILY THERAPY WORKSHOP
Workshop Leader: Kalman Flomenhaft, Philadelphia Child Guidance Clinic

NCSW PUBLIC RELATIONS AND DEVELOPMENT COMMITTEE

USING SLIDE TALKS AND OTHER VISUAL
PRESENTATIONS TO DO YOUR JOB
Speakers: Don Bates, United Nations Association of the USA, New York
Brenda C. Cross, Eastman Kodak Co., Rochester, N.Y.

INTERNATIONAL COUNCIL ON SOCIAL WELFARE—NORTH AMERICAN REGION

CURRENT AND FUTURE ISSUES IN INTERNATIONAL
SOCIAL WELFARE
Speakers: Reuben C. Baetz, Canadian Council on Social Development, Ottawa, Ont., Canada
Mrs. Kate Katzki, International Council on Social Welfare, New York
Discussant: Bernard E. Nash, National Retired Teachers Association/American Association of Retired Persons—International, Washington

U.S. COMMITTEE, ICSW

INTERNATIONAL RESEARCH ON THE DELIVERY
OF SERVICES
Panelists: Moshe Kurtz, Israel Ministry of Social Welfare, Jerusalem
M. Karczewski, Ministry of Health and Social Welfare, Warsaw, Poland
Katza Vodopevic, University of Ljubljana, Yugoslavia
Hoda Badran, Higher Institute for Social Work, Cairo, Egypt
K. N. George, Madras School of Social Work, Madras, India

Appendix B: Organization of the Conference for 1973

Cooper, Akron, Ohio; Suzanne D. Cope, Philadelphia; Ruth B. Freeman, Baltimore; Mrs. Howard F. Gustafson, Indianapolis; Geneva Mathiasen, Woodside, N.Y.

Term expires 1974: Mrs. Robert W. Claytor, Grand Rapids, Mich.; Mrs. Randolph Guggenheimer, New York; David Jeffreys, Washington; Paul R. Sanchez, San Jose, Calif.; Jack Stumpf, San Diego, Calif.; Louise Briscoe Trigg, Tuskegee Institute, Ala.; Harold R. White, Morgantown, W. Va.

Term expires 1975: Saul Bernstein, Dennis, Mass.; Mrs. Freona C. Moore, Topeka, Kans.; Thomas J. Powell, Ann Arbor, Mich.; Harriet Rinaldo, Washington; J. Julian Rivera, New York; Mrs. Elaine Rothenberg, Richmond, Va.; Mrs. Fay H. Williams, Indianapolis

COMMITTEE ON PUBLIC RELATIONS
AND DEVELOPMENT

Chairman: John H. McMahon, New York

Vice Chairman: Mrs. Adele Braude, New York

Term expires 1973: Mrs. Elayne Bizzell, New York; James Ortiz, New York; the Very Rev. Msgr. Thomas J. Reese, Wilmington, Del.; Mrs. Elly Robbins, New York; Jeffrey Roche, New York; Ira Sherman, Flushing, N.Y.; Carlton E. Spitzer, Columbus, Ohio; James D. Williams, New York

Term expires 1974: Mrs. Alice Adler, New York; Donald F. Bates, New York; Helen Christopherson, New York; Mrs. Elma Phillipson Cole, New York; Frank Driscoll, New York; Guichard Parris, New York; William C. Tracy, New York

Term expires 1975: Joan Buck, New York; Frances Hynds, Los Angeles; Ronald Kozusko, New York; Mrs. Betty Leslie Lund, Norwalk, Conn.; Daniel O'Connor, Washington

Consultant: Seymour Stark, New York

TELLERS COMMITTEE

Chairman: Merriss Cornell, Columbus, Ohio

EDITORIAL COMMITTEE

Chairman: Harold R. White, Morgantown, W. Va.

Members: Mrs. Adele Braude, New York; Magdalena Miranda, Cleveland; Marion Robinson, New York; Carl Schoenberg, New York; Sue Spencer, Nashville, Tenn.

CENTENNIAL ADVISORY COMMITTEE

Members: Mrs. Eveline M. Burns, New York; Nathan E. Cohen, Los Angeles; Arthur S. Flemming, Washington; Gordon Gilkey, Chicago; Margaret Hickey, Tucson, Ariz.; Sol Morton Isaac, Columbus, Ohio; Robert H. MacRae, Chicago; C. Virgil Martin, Western Springs, Ill.; Leonard W. Mayo, Chapel Hill, N.C.; Mrs. Alexander B. Ripley, Los Angeles; Charles I. Schottland, Waltham, Mass.; Mrs. Victor Shaw, Fairmont, W. Va.; Sanford Solender, New York; Wayne Vasey, Ann Arbor, Mich.; Ellen Winston, Raleigh, N.C.

CENTENNIAL CELEBRATION COMMITTEE

Chairman: Mrs. Hiram D. Black, New York
Members: Mrs. Alice Adler, New York; Mrs. Leonard Bernheim, New York; Allen Davis, Swarthmore, Pa.; Katherine Kendall, New York; Daniel O'Connor, Washington; Guichard Parris, New York; Charles I. Schottland, Waltham, Mass.; Mrs. Henry Steeger, New York; Herman Stein, Cleveland; Mrs. George Stewart, New York; William C. Tracy, New York
Ex-officio: Mrs. Alexander B. Ripley, Los Angeles

NCSW REPRESENTATIVES ON JOINT COMMITTEE OF NCSW AND NASW

Members: Robert Burgess, Providence, R.I.; Norman V. Lourie, Harrisburg, Pa.; Patrick McCuan, Baltimore; T. George Silcott, New York
Ex-officio: Mrs. Alexander B. Ripley, Los Angeles

COMMITTEE ON CONSTITUTION AND BY-LAWS

Chairman: James R. Dumpson, New York
Members: Ronald H. Brown, New York; William C. Fitch, Washington; Alexander F. Handel, New York; Mrs. Mifaunway Shunatona Hines, New York; Herbert Millman, New York; J. Julian Rivera, New York; Charles Pei Wang, New York

U.S. COMMITTEE OF ICSW

Chairman: Norman V. Lourie, Harrisburg, Pa.
Vice Chairman: Wayne Vasey, Ann Arbor, Mich.
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